

BULK FOOD DELIVERY/ TRANSFER SLIP

From: _____

Date: _____

To: _____

Meal Type(circle one): B L S SNACK

Specify menu item:	Milk:	Meat:	Vegetable:	Fruit:	Bread:
Serving Size					
Quantity					
Time Sent					
Amount Received					
Time Received					
Temperature					

FSMC/SFA Representative: _____

Signature of Driver: _____

Signature of Authorized Representative: _____

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