



North Carolina Department of Health and Human Services  
 Division of Public Health  
 Child and Adult Food Program  
**Donated/Harvested Food Record**



Institution		CACFP Agreement #		Facility Name	
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**DONATED OR HARVESTED FOOD**

Date	Check one		Description of Food	Quantity	Donor Name (Print) + Signature	Donor Contact Info
	Harvested	Donated				
1/1/19		✓	apples	20 lbs	Jane Doe <i>Jane Doe</i>	222-555-1212

**DONATED MILK**

Date	# of gallons	Quantity	Value of Donation	Milk Only (Check One Only)	Donor Name (Print) + Signature	Donor Contact Info
				<input type="checkbox"/> Whole <input type="checkbox"/> Skim/Low-Fat (1%) <input type="checkbox"/> Iron-Fortified Infant Formula <input type="checkbox"/> Alt Milk : _____		
				<input type="checkbox"/> Whole Milk <input type="checkbox"/> Skim/Low-Fat (1%) <input type="checkbox"/> Iron-Fortified Infant Formula <input type="checkbox"/> Alt Milk : _____		

Verified by State Agency or Sponsoring Organization Representative:					
Printed Name		Signature		Date	