

Sample Meal Delivery Ticket

Date: _____

Site Name: _____

Address: _____

	Breakfast	AM Snack	Lunch	PM Snack	Supper
1-2 yr					
3-5 yr					
6- 12 yr					
Adult/Staff					
Total Meals					

****ALL GRAINS AND MEAT/MEAL ALTERNATES MUST BE LISTED IN OZ. EQUIVALENTS****

Breakfast

	Food Item	1-2 yr serving size	3-5 yr serving size	6-12 yr serving size	Total Quantity delivered
	Vegetables, fruits or portion of both				
	Grain OR Meat/ Meat Alt (oz. eq.)				
	Milk				

Lunch/Supper

	Food Item	1-2 yr serving size	3-5 yr serving size	6-12 yr serving size	Total Quantity delivered
	Meat/ Meat Alt (oz. eq.)				
	Vegetables				
	Fruits				
	Grain (oz. eq.)				
	Milk				

AM/PM Snack

	Food Item	1-2 yr serving size	3-5 yr serving size	6-12 yr serving size	Total Quantity delivered
M: Meat/Meat Alt (oz. eq.) V: Vegetables F: Fruits G: Grains (oz. eq.) MK: Milk					

Total Milk Delivered in Bulk (in gallons)

Skim _____ 1% _____ Whole _____ Soy _____

Time of Delivery: _____

Departure time from Vendor: _____

Hot temp at delivery: _____

Center Official Signature: _____

Cold temp at delivery: _____

Comments/ Items Needed: