

GA DECAL SFSP Pick-up/Delivery Receipt

BREAKFAST

1

Pick-up Receipt (Completed by delivery person)

Site Name:

[Empty text box for Site Name]

Site Address:

[Empty text box for Site Address]

Meal Type (check one):

- Breakfast
- AM Snack
- Lunch
- PM Snack
- Supper

Component Count/Temperature/Time:

Indicate the number of each component if the meals are not delivered unitized.

Milk _____

Fruits/Vegetables _____

Grains/Bread _____

Meat/Meat Alternate _____

Meal Temperature _____ C F

Pick-up Time _____ AM PM
(from FSMC or Central Kitchen)

Delivery Time _____ AM PM

Comments/Concerns:

[Empty text box for Comments/Concerns]

Delivery's Person Name

Date

2

Delivery Receipt (Completed by site supervisor)

Site Name:

[Empty text box for Site Name]

Site Address:

[Empty text box for Site Address]

Meal Type (check one):

- Breakfast
- AM Snack
- Lunch
- PM Snack
- Supper

Component Count/Temperature/Time:

Indicate the number of each component if the meals are not delivered unitized.

Milk _____

Fruits/Vegetables _____

Grains/Bread _____

Meat/Meat Alternate _____

Meal Temperature _____ C F

Received Time _____ AM PM

Comments/Concerns:

[Empty text box for Comments/Concerns]

Site Supervisor's Name

Date