

Meal Delivery Ticket

Site Name: _____

Address: _____

Date: _____ Time: _____

Breakfast		
	Component	Quantity
Milk		
Meat/Meat Alternate		
Fruit/Veg.		
Grains/Bread		
Other		

Lunch		
	Component	Quantity
Milk		
Meat/Meat Alternate		
Fruit/Veg.		
Fruit/Veg.		
Grains/Bread		
Other		

Delivered by: _____

Received by: _____

Indicate any meal deficiencies below (missing components, inadequate quantity, spoiled or unwholesome, etc.)

Over

Meal Delivery Ticket

Site Name: _____

Address: _____

Date: _____ Time: _____

Breakfast		
	Component	Quantity
Milk		
Meat/Meat Alternate		
Fruit/Veg.		
Grains/Bread		
Other		

Lunch		
	Component	Quantity
Milk		
Meat/Meat Alternate		
Fruit/Veg.		
Fruit/Veg.		
Grains/Bread		
Other		

Delivered by: _____

Received by: _____

Indicate any meal deficiencies below (missing components, inadequate quantity, spoiled or unwholesome, etc.)

Over

Supper		
	Component	Quantity
Milk		
Meat/Meat Alternate		
Fruit/Veg.		
Fruit/Veg.		
Grains/Bread		
Other		

Supper		
	Component	Quantity
Milk		
Meat/Meat Alternate		
Fruit/Veg.		
Fruit/Veg.		
Grains/Bread		
Other		

AM Snack/ PM Snack/ Eve Snack		
	Component	Quantity
Milk		
Meat/Meat Alternate		
Fruit/Veg.		
Fruit/Veg.		
Grains/Bread		
Other		

AM Snack/ PM Snack/ Eve Snack		
	Component	Quantity
Milk		
Meat/Meat Alternate		
Fruit/Veg.		
Fruit/Veg.		
Grains/Bread		
Other		

Supplies	
Item	Quantity
Plates	
Bowls	
Cups	
Napkins	
Utensils	

Supplies	
Item	Quantity
Plates	
Bowls	
Cups	
Napkins	
Utensils	