

**MILK DONATIONS DOCUMENTATION SHEET**

Donated by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Donation/Received Date: \_\_\_\_\_

Quantity	Size of Container (qt., pt., gal., etc.)	Type of Milk (skim, 1%, 2%, whole, etc).

Reason for donation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of original source of milk (i.e. grocery store purchased from) – Include receipt (if possible):

\_\_\_\_\_

\_\_\_\_\_

Signature of person donating milk

Date

\_\_\_\_\_

Signature of person receiving milk

Date

\_\_\_\_\_

**MILK MAY NOT BE DONATED BY BUSINESS OWNER**