Meal Delivery Ticket & Waste Report Site Name: Address: Date:								Meal Del	ivery Ti	cket &	Waste	Rep	ort			
								Site Name:								
								Address:								
								Date:								
Time Meals	Arrived at	Site:		_				Time Meals	Arrived a	t Site: _						
Delivered by Received by:								Delivered by Received by:								
NUMBER OF M	I EALS							NUMBER OF M	EALS							
Circle ONE	Ordered:	Delivered:	Over (U	Inder)				Circle ONE	Ordered:	Delive	ered: O	ver (Un	der)			
Breakfast								Breakfast								
Lunch							i	Lunch								
Snack								Snack								
Supper							•	Supper								
Circle any ite Meat or N Alterna	/leat F		nenu subi getable	Bread	Sponsor/State Age Milk	Other		Circle any ite Meat or M Alterna	1eat	fferent f Fruit	vegeta		itted to S Bread	ponsor/State Age Milk	Other	
Temperat	cure:				Temperature:			Temperat	ure:					Temperature:	-	
INDICATED ANY MEAL DEFICIENCIES: NoneMissing componentsFoods out of temperatureSpoiled or unwholesomeInadequate quantityOther (Please specify)								INDICATED ANY MEAL DEFICIENCIES: NoneMissing components Foods out of temperature Spoiled or unwholesome Inadequate quantity Other (Please specify)								
SITE SUPERVIS	SOR OBSERVI	S AND RECO	RDS FOO	D WASTE				SITE SUPERVIS	OR OBSERV	ES AND F	RECORDS	S FOOD	WASTE.			
How much of this food was thrown away by List foods not well received: children?								List foods not well received:						How much of this food was thrown away by children?		
By most children						i	By most children									
By young ch							i	By young ch								
By older ch	ildren						i	By older chi	ldren							