

Meal Delivery Ticket & Waste Report

Site Name: _____

Address: _____

Date: _____

Time Meals Arrived at Site: _____

Delivered by _____ Received by: _____

NUMBER OF MEALS

Circle ONE	Ordered:	Delivered:	Over (Under)
Breakfast			
Lunch			
Snack			
Supper			

LIST EACH MENU/COMPONENTS DELIVERED:

Circle any item that is different from menu submitted to Sponsor/State Agency.

Meat or Meat Alternate	Fruit	Vegetable	Bread	Milk	Other
Temperature:				Temperature:	

INDICATED ANY MEAL DEFICIENCIES:

- None Missing components
- Foods out of temperature Spoiled or unwholesome
- Inadequate quantity Other (Please specify)

SITE SUPERVISOR OBSERVES AND RECORDS FOOD WASTE.

List foods not well received:	How much of this food was thrown away by children?
By most children	
By young children	
By older children	

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