

400. Food Service

403. Review the milk purchase receipts and documentation of recycled milk. Does your review confirm the purchase or recycling of 8 oz. of milk? for each reimbursable meal or snack containing milk recorded to date?

Date of Purchase	Invoice Number	Quantity of Milk	COMMENTS
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Total Number of Milk Purchased to date: _____

(Note total numbers by day or week)

Date	Number of Children's Meals Claimed	Number of Program Adult Meals Claimed	Number of Non-Program Adult Meals Claimed	Number of Spoiled or Discarded Meals
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Number of Meals Claimed as of today _____

Total milks purchased minus (-) total meals served: _____ ending milk inventory.