

SFSP Daily Delivery Slip																			
Vendor Name or Name of Person Making Delivery:																	Date of Delivery:		
Name of Site Food Delivered To:																			
Meal Type	Breakfast				AM Snack				Lunch				PM Snack				Supper		
# of Meals ordered for Children																			
# of Meals Delivered for Children																			
Description of Food Items Delivered (Including Milk, if Applicable)	Quantity delivered or Serving Size		Food Item Delivered (Check one)		Temperature and Time														
			Utilized	Bulk															
					Temp leaving Kitchen				Time		Temp. at delivery			Time		Temp when served		Time	
Type and Amount of Milk Delivered Today (if applicable)	Number of 4 oz cartons		Number of 8 oz cartons		Number of Half Gallons			Number of Gallons											
Fat Free (Skim)																			
Low Fat (1%)																			
Delivery			Print Name of Vendor				Signature Vender Representative								Time of Delivery				
Receipt			Print Name of Sponsor Representative				Signature of Sponsor Representative								Time of Delivery				
List any problems or discrepancies regarding food and/or delivery: Signature of delivery person: _____ Signature of person receiving delivery: _____ By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal civil or administrative penalties for fraud, false statements, false claims, or otherwise.																			

