

REQUIRED FORM – THIS FORM MUST BE FILLED OUT DAILY PER MEAL TYPE.
Maintain along with Daily Meal Count Form (NMSFSP #6.4) at each meal site.

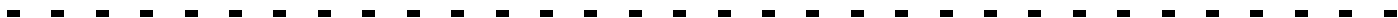
**SFSP RECEIPT OF MEALS DELIVERED TO
MEAL SITES (VENDED PROGRAMS)**

Form must be completed on a daily basis at the meal site and maintained with the daily meal count forms.

- 1. Name of Meal Site: _____
- 2. Meal Type (Circle One): B L Su Sn
- 3. Date: ___/___/___
- 4. Name of Site Supervisor on Location: _____
- 5. Number of Meals Ordered: _____
- 6. Number of Meals Received: _____
- 7. Site Supervisor Signature: _____
- 8. Driver Initials: _____



SFSP SPONSOR COPY



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FOOD SERVICE MANAGEMENT COPY