

**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