

DAILY DELIVERY SLIP

Vendor Name: Misc Restaurant Inc.

Date of Delivery: **Change Date**

Name of Site Food Delivered To: **Put Site Name Right Here**

Meal Type	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Number of Meals Ordered						
Number of Meals Delivered						

Description of Food Items Delivered (including milk, if applicable)	Quantity Delivered or Serving Size	Food Item Delivered (check one)		Temperature and Time					
		Unitized	Bulk	Temp. leaving kitchen	Time	Temp. at delivery	Time	Temp. when served	Time
		Main Entree (hot temperature above 141)	170 g/6 oz., 28 g/1 oz	X		Kitchen Staff	2:00	Delivery Staff	2:30
Vegetables (hot temperature above 141)	½ c/4 oz	X		Kitchen Staff	↓	Delivery Staff	↓	Site Staff	↓
Fruit (cold temp below 41)	¼ c/2 oz	X		Kitchen Staff	↓	Delivery Staff	↓	Site Staff	↓
1% Unflavored Milk	1 c/8 oz	X		Kitchen Staff	↓	Delivery Staff	↓	Site Staff	↓

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%)				
Whole Milk				

DELIVERY	Print Name Vendor Representative	Signature Vendor Representative	Time of Delivery: <b style="color: red;">2:30 pm
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RECEIPT	Print Name Sponsor Representative	Signature Sponsor Representative
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List any problems or discrepancies regarding food and/or delivery: