

**SAMPLE
MEAL DELIVERY TICKET**

Site Name: _____

Address: _____

Date: _____

Number of Meals Delivered

| | Children | Adult |
|-----------|----------|-------|
| Breakfast | | |
| Lunch | | |
| Snack | | |
| Supper | | |

MENU/COMPONENTS DELIVERED/SERVING SIZE OR QUANTITY

| | |
|--------------|--|
| Milk | |
| Meat/Alt | |
| Fruit/Veg | |
| Fruit/Veg | |
| Grains/Bread | |

Delivered by: _____

Received by:

Signature

Indicate any meal deficiencies below (missing components, inadequate quantity, spoiled or unwholesome, etc.)

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