

**SUMMER FOOD SERVICE PROGRAM (SFSP)  
DAILY DELIVERY RECEIPT**

**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
<b># of Meals ordered for Children</b>					
<b>for Adults</b>					
<b># of Meals Delivered for Children</b>					
<b>for Adults</b>					

Description of Food Items Delivered (Including Milk, if Applicable)	Quantity delivered or Serving Size	Food Item Delivered (Check one)		Temperature and Time					
		Portioned	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				
<b>Fat Free (Skim)</b>								
<b>Low Fat (1%)</b>								

<b>Delivery</b>	<b>Print Name of Vendor</b>	<b>Signature Vender Representative</b>	<b>Time of Delivery</b>
<b>Receipt</b>	<b>Print Name of Sponsor Representative</b>	<b>Signature of Sponsor Representative</b>	<b>Time of Delivery</b>

**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.