



Florida Department of Agriculture and Consumer Services
Division of Food, Nutrition and Wellness

ADAM H. PUTNAM
COMMISSIONER

SFSP COMBINED DAILY MEAL RECORD AND DELIVERY SLIP

Sponsor Name: America's Second Harvest of the Big Bend, Inc. Agreement # 04- 0277

Site Number/Name: 0123 / ABC Site Supervisor: Sarah Smith

Meal Type (circle one): BREAKFAST AM SNACK LUNCH PM SNACK SUPPER

Meal Received: Date: 6/2/14 Time: 8:00 AM or PM (circle one)

Meal Served: Date: 6/2/14 Time: 9:00-10:00 AM or PM (circle one)

Section 1: Meal Contents			
Items:	Food Temperature	Amount Received	Amount Returned
1. <u>Cheerios</u>	<u>70°F</u>	<u>20</u>	<u>∅</u>
2. <u>Milk</u>	<u>40°F</u>	<u>20</u>	<u>∅</u>
3. <u>Fruit Cup</u>	<u>40°F</u>	<u>20</u>	<u>∅</u>
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Section 2: Meal Counts and Summary

# Meals Delivered/Prepared <u>20 +</u>	# Meals Leftover from PREVIOUS Day <u>∅</u>	=	TOTAL Meals Available <u>20</u>	(A)															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180
Total FIRST Meals Served to Children			=	<u>7</u>	(B)														
SECOND MEALS Served to Children 1 2 3 4 5 6 7 8 9 10			Total SECOND MEALS Served to Children	+	<u>∅</u>	(C)													
Signature of Tester:			Total TEST MEALS	+	<u>1</u>	(D)													
<u>B+C+D = E</u>			TOTAL MEALS TO CLAIM	=	<u>8</u>	(E)													
Meals Served to Program Adults 1 2 3 4 5 6 7 8 9 10			Total Program Adult Meals	+	<u>∅</u>	(F)													
Meals Served to Non-Program Adults 1 2 3 4 5 6 7 8 9 10			Total Non-Program Adult Meals	+	<u>∅</u>	(G)													
DAMAGED MEALS			+	<u>2</u>	(H)														
<u>E+F+G+H = I</u> Total Meals Served (Claim + Program + Non-Program + Damaged)			=	<u>10</u>	(I)														
<u>A-I = J</u> Number of Meals Leftover (Total Meals Available – Total Meals Served)			=	<u>10</u>	(J)														

Sarah Smith / 6/2/14

Site Supervisor's Signature/Date

I hereby certify that the above information is true and correct without any deliberate misrepresentation.
This form must be signed.



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Site Number/Name: 0123/ABC Site Supervisor: Sarah Smith

Meal Type (circle one): **BREAKFAST** AM SNACK LUNCH PM SNACK SUPPER

Meal Received: Date: 6/2/14 Time: 8:00 (AM or PM (circle one))

Meal Served: Date: 6/3/14 Time: 9:00-10:00 (AM or PM (circle one))

Section 1: Meal Contents			
Items:	Food Temperature	Amount Received	Amount Returned
1. <u>Bagel</u>	<u>70°F</u>	<u>20</u>	<u>∅</u>
2. <u>Milk</u>	<u>40°F</u>	<u>20</u>	<u>∅</u>
3. <u>Apple</u>	<u>70°F</u>	<u>20</u>	<u>∅</u>
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Section 2: Meal Counts and Summary

# Meals Delivered/Prepared <u>20</u> +	# Meals Leftover from PREVIOUS Day <u>10</u> =	TOTAL Meals Available <u>30</u> (A)																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180

Total <u>FIRST</u> Meals Served to Children		=	<u>11</u> (B)
SECOND MEALS Served to Children 1 2 3 4 5 6 7 8 9 10	Total <u>SECOND MEALS</u> Served to Children	+	<u>∅</u> (C)
Signature of Tester:	Total <u>TEST MEALS</u>	+	<u>1</u> (D)
B+C+D=E		=	<u>12</u> (E)
Meals Served to Program Adults 1 2 3 4 5 6 7 8 9 10	Total Program Adult Meals	+	<u>∅</u> (F)
Meals Served to Non-Program Adults 1 2 3 4 5 6 7 8 9 10	Total Non-Program Adult Meals	+	<u>∅</u> (G)
DAMAGED MEALS		+	<u>∅</u> (H)
E+F+G+H=I Total Meals Served (Claim + Program + Non-Program + Damaged)		=	<u>12</u> (I)
A-I=J Number of Meals Leftover (Total Meals Available – Total Meals Served)		=	<u>18</u> (J)

Sarah Smith 6/3/14

Site Supervisor's Signature/Date

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