

# Second Harvest Food Bank Summer Program

## SFSP COMBINED DAILY MEAL RECORD AND DELIVERY SLIP

Sponsor Name: Second Harvest Food Bank CFL Agreement # 04 - 1121

Site Number/Name: \_\_\_\_\_ Site Supervisor \_\_\_\_\_

Meal Type: \_\_\_\_\_

Meal Received: Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM or PM (circle one)

Meal Served: Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM or PM (circle one)

Section 1: Meal Contents			
Food Item	Temperature	Amount Received	Amount Returned
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

Section 2: Meal Counts and Summary																				
# of Meals Delivered					+	# Meals Leftover from Previous Day							=	Total Meals Available						
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	
181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	
221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	
241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	
261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	
281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	
301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	
321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	
341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	
361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	
381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	

	<b>Total First Meals Served to Children</b>	=	
Signature of Tester:  _____	Test Meals	+	
	Damaged Meals	+	
	<b>Total Meals Used</b>	=	
	<b>Number of Meals Leftover (Total Meals Available - Total Meals Used)</b>	=	

\_\_\_\_\_  
Site Supervisor's Signature

\_\_\_\_\_  
Date

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