SFSP Combined Daily Meal Record and Delivery Slip - PROTOTYPE

Sponsor Name: _____ Agreement # _____

Site _____ Site Supervisor: _____

Meal Type (circle   **BREAKFAST   AM SNACK   LUNCH   PM SNACK   SUPPER**

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

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

Section 1: Meal Contents			
Items:	**Food Temperature**	**Amount Received**	**Amount Returned**
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Section 2: Meal Counts and Summary

 # Meals Delivered/Prepared   +   # 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

Total FIRST Meals Served to Children	=	
SECOND MEALS Served to Children 1 2 3 4 5 6 7 8 9 10	**Total SECOND MEALS Served to Children**	+	
TOTAL MEALS TO CLAIM	=	
Meals Served to **Program Adults** 1 2 3 4 5 6 7 8 9 10	**Total Program Adult Meals**	+	
Meals Served to **Non-Program Adults** 1 2 3 4 5 6 7 8 9 10	**Total Non-Program Adult Meals**	+	
Signature of Tester	**Test Meals**	+	
Damaged Meals	+	
Total Meals Used (Claim + Program + Non-Program + Test + Damaged)	=	
Number of Meals Leftover (Total Meals Available – Total Meals Used)	=	

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.

3/30/2015

Instructions for Completing the Combined Daily Meal Record and Delivery Slip Form

Note: The meal record must be completed daily; complete one form per meal service.

1. Complete the Sponsor specific information at the top.
2. List the **MEAL CONTENTS** in Section 1. Complete when meals are delivered/picked up and leftovers are returned (if applicable).
3. Section 2 contains the **MEAL COUNTS AND SUMMARY.**
   a. Obtain the **TOTAL** meals available by adding the # of meals delivered/prepared to the # of meals leftover from the previous day.
   b. Obtain the total number of **FIRST MEALS** served to children. Cross out each number as each child receives a meal. **Do not include second meals, or meals served to adults in this section.**
   c. Obtain the total number of **SECOND MEALS** served to children. Cross out each number as each child receives a meal. (Remember, reimbursable meals are limited to no more than 2% of the total number of first meals served.)
   d. Obtain the **TOTAL NUMBER OF MEALS TO CLAIM** for reimbursement. To obtain this value, add the numbers from total first meal + total second meals.
   e. Obtain the number of meals served to **ADULTS**. To obtain this value, add the Program Adults + Non-Program Adults.
   f. Indicate the **TEST MEAL**. The individual testing for quality control should sign on the signature line in this section. Please note; test meals should be documented in this section **only** and tracked as **OPERATIONAL COSTS**. Test meals may not be claimed for reimbursement.
   g. Obtain the total number of **DAMAGED** meals. Damaged meals are meals that are unusable because they are damaged, incomplete, or otherwise non-reimbursable.
   h. Obtain the total number of **MEALS USED**. To obtain this value, add the total number of meals to claim + meals served to adults + damaged meals + test meal.
   i. Find the total number of **MEALS LEFTOVER**. To obtain this value, subtract the total meals available – total meals used.
4. The Site Supervisor **must** sign and date the bottom of this form.

3/30/2015