



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: _____ Agreement # 04- _____

Site Number/Name: _____ Site Supervisor: _____

Meal Type (circle one): **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

<u>Items:</u>	<u>Food Temperature</u>	<u>Amount Received</u>	<u>Amount Returned</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Section 2: Meal Counts and Summary

<u># Meals Delivered/Prepared</u>										+	<u># Meals Leftover from PREVIOUS Day</u>										=	<u>TOTAL Meals Available</u>																																																																																																																																																													
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										+																																																																																																																																																														
Signature of Tester:																Total TEST MEALS										+																																																																																																																																																									
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										+																																																																																																																																																														
DAMAGED MEALS															+																																																																																																																																																																				
Total Meals Served (Claim + Program + Non-Program + Damaged)															=																																																																																																																																																																				
Number of Meals Leftover (Total Meals Available – Total Meals Served)															=																																																																																																																																																																				

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.

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, test 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. 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**. Routine testing of meals is not reasonable or justified.
 - e. Obtain the **TOTAL NUMBER OF MEALS TO CLAIM** for reimbursement. To obtain this value, add the numbers from total first meal + total second meals + test meal.
 - f. Obtain the number of meals served to **ADULTS**. To obtain this value, add the Program Adults + Non-Program Adults.
 - 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 SERVED**. To obtain this value, add the total number of meals to claim + meals served to adults + damaged meals.
 - i. Find the total number of **MEALS LEFTOVER**. To obtain this value, subtract the total meals available – total meals served.
4. The Site Supervisor **must** sign and date the bottom of this form.