

Summer Daily Meal Transport Record

Receiving Program Site Name:	Date:	Time of Delivery Arrival:				
Preparation School Site Name:	Loc Code:	Meal Se	rvice Type:_			
Food Service Manager or designee will fill out to	he header and columns 1-3, deliv	ery driver will fill	out sections 4	and 5		
1	2	3		4		5
COMPONENTS	PORTION SIZE	AMOUNT PREPARED	INITIAL	TIME	TEMP	AMOUNT DELIVERED
1% Milk	1 each					
Non-Fat Chocolate Milk	1 each					
1% Milk for Quality Control Purpose Only	1 each	1				
Form must be return	ned to the Summer Food Services	Manager daily				_
Food Services Manager/Designee		Receiving Site Designee				
Signature		Signature				

*TO ENSURE THE SAFETY AND QUALITY OF THE FOOD, ALL MEALS MUST BE SERVED WITHIN ONE (1) HOUR OF MEAL DELIVERY.

Completed Copy of forms needed for each location:

RAP- 2 copies HUB Receiver- 1 copy

Parent site needs original form for each program prepared and delivered from the parent site

Summer Daily Meal Transport Record

Form Instructions

All header information must be filled out by the Food Service Manager/Designee:

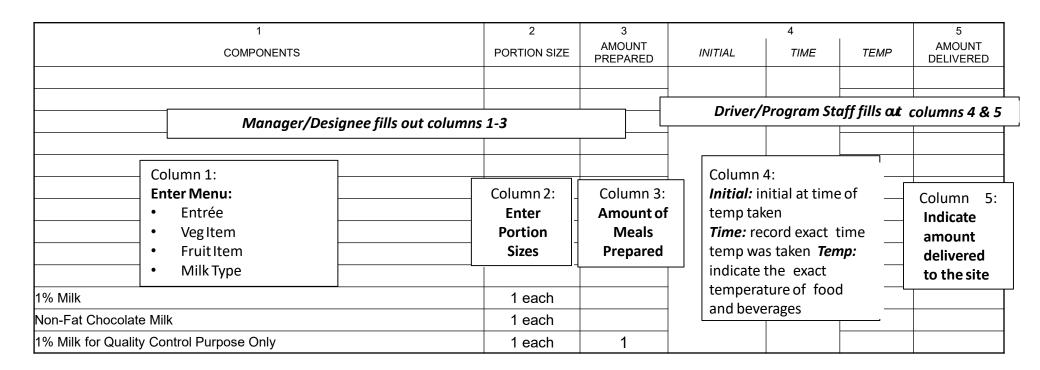
Receiving Program Site Name: Fill in the receiving program name.

Date: Fill in the date of meal service.

Time of Delivery Arrival: Record the time of arrival to the receiving site. **Preparation School Site Name:** Fill in the name of the food preparation site.

Loc. Code: Fill in the preparation site location code.

Meal Service Type: Indicate which meal service is being served; lunch or snack.



Signature (Food Service Manager/Designee): Signed after verifying all information on the form is accurate.

Signature (Receiving Program Site Designee): Signed immediately after verifying columns 4 & 5 are completed and accurate.

All original forms must be filed at the **parent site** for each program prepared and delivered from the parent site.

COPY of completed forms needed at each location:

RAP-2 Copies

HUB Receiver- 1 Copy