Word Delivery Receipt

CACFP Institution: Food Service Vendor:

Date:

# Breakfast Number of Meals Provided:

|  |  |  |  |
| --- | --- | --- | --- |
| **Component** | **Item** | **Serving Size (3-5 Years)** | **Total Weight/ Measure Provided** |
| **Fruit/Vegetable** |  | **½ cup** |  |
| **Bread/Alternate** |  | **½ slice** |  |
| **Milk** |  | **3/4 cup** |  |
| **Meat/Alternate (opt.)** |  | **none required** |  |
| **Extras** |  |  |  |

**Lunch Number of Meals Provided:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Component** | **Item** | **Serving Size (3-5 Years)** | **Total Weight/ Measure Provided** |
| **Meat/Alternate** |  | **1 ½ oz.** |  |
| **Fruit/Vegetable** |  | **1/4 cup** |  |
| **Fruit/Vegetable** |  | **1/4 cup** |  |
| **Bread/Alternate** |  | **1/2 oz. Or ½ slice** |  |
| **Milk** |  | **3/4 cup** |  |
| **Extra** |  |  |  |

# Snack Number of Meals Provided:

|  |  |  |  |
| --- | --- | --- | --- |
| **Component** | **Item** | **Serving Size (3-5 Years)** | **Total Weight/ Measure Provided** |
| **Meat/Alternate** |  | **1/2 oz.** |  |
| **Fruit/Vegetable** |  | **½ cup** |  |
| **Bread/Alternate** |  | **1/2 oz. Or 1/2 slice** |  |
| **Milk** |  | **1/2 cup** |  |
| **Extra** |  |  |  |

Acceptance of delivery:

Signature Date