

Kentucky Child and Adult Care Food Program Daily Delivery Receipt for Catered Meals

Name of School District/Caterer _____ Name of Center Receiving Delivery _____

Address _____ Address _____

Date of Delivery ___/___/___ Time of Delivery ___:___ am or pm

AGES 1-5 ARE BASED ON PORTION SIZES FOR AGES 3-5.

Component	Components Delivered	Meal Type/Age	Total No. of Meals Delivered
Milk	Circle one: Unitized Bulk N/A	Breakfast(1-5)	
Meat/Meat Alternate		Breakfast(6-12)	
Fruit or Vegetable			
Vegetable		Lunch(1-5)	
Grain		Lunch(6-12)	
Condiments/Extras			
		PM Snack(1-5)	
		PM Snack(6-12)	
		Supper(1-5)	
		Supper(6-12)	

Grand Total of Meals _____

Print Name of Individual Delivering _____ Signature of Individual Delivering _____

Print Name of Individual Receiving _____ Signature of Individual Receiving _____

***The caterer, center and sponsoring organization (if applicable) should all maintain a copy on file of each delivery receipt.**

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