SUMMER FOOD SERVICE PROGRAM **RECEIPT OF MEALS ACCEPTED AT THE CAFETERIA/KITCHEN**

SPONSORING ORGANIZATION: _____

CAFETERIA OR KITCHEN NAME: _____

DATES OF SERVICE: ______ THROUGH ______

Date	Meal Type (Circle One)			# of Meals Received/Accepted	Verified by: Food Service (initials)	Verified by: Sponsor (initials)	# of Meals Served
	BR L	SN	SU				
	BR L	SN	SU				
	BR L	SN	SU				
	BR L	SN	SU				
	BR L	SN	SU				
	BR L	SN	SU				
	BR L	SN	SU				
	BR L	SN	SU				
	BR L	SN	SU				
	BR L	SN	SU				
	BR L	SN	SU				
	BR L	SN	SU				
	BR L	SN	SU				
	BR L	SN	SU				
	BR L	SN	SU				
	BR L	SN	SU				
	BR L	SN	SU				
	BR L	SN	SU				
TOTAL							

Date

Updated 12/4/2018, L:\ECS Family Nutrition Bureau\Albuquerque\Albuquerque FNB\SFSP-Summer Food\WEB Forms\Web Forms 2019\7.6 Receipt of Meals Accepted in Kitchen.docx