



# Food Delivery Receipt

Children ages 6-12 years

CACFP Institution : \_\_\_\_\_ Date : \_\_\_\_\_

Food Service Vendor: \_\_\_\_\_

**Breakfast** Number of Meals Provided:

Component	Item	Serving Size (6-12 Years)	Total Weight/ Measure Provided
Fruit/Vegetable		1/2 cup	
Bread/Alternate		1 oz. Or 1 slice	
Milk		1 cup	
Protein/Alternate (optional)			
Extras			

**Lunch/Supper** Number of Meals Provided:

Component	Item	Serving Size (6-12 Years)	Total Weight/ Measure Provided
Protein/Alternate		2 oz.	
Fruit/Vegetable		1/2 cup	
Fruit/Vegetable		1/4 cup	
Bread/Alternate		1 oz. Or 1 slice	
Milk		1 cup	
Extra			

**Snack** Number of Meals Provided:

Component	Item	Serving Size (6-12 yrs)	Total Weight/ Measure Provided
Protein/Alternate		1 oz.	
Fruit/Vegetable		3/4 cup	
Bread/Alternate		1 oz. Or 1 slice	
Milk		1 cup	
Extra			

Acceptance of delivery:

Signature \_\_\_\_\_ Date \_\_\_\_\_

*USDA is an equal opportunity provider and employer*