|  |  |
| --- | --- |
| Oregon Department of Education  | Office of Learning/Student Services |
| 255 Capitol Street NE | Child Nutrition Programs |
| Salem, OR 97310 | (503) 947-5902 |

|  |
| --- |
| NSLP Daily Vendor Lunch Receipt |
| Site |
| Date |
| Age/Grade Group | K-5 | 6-8 | K-8 | 9-12 |  |
| Total Meals Delivered |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Meal Pattern Component** | **Food Item(s) Sent****(List specific food items)** | **Portion** **Size**  | **Amount** **Sent** | **Amount Served** | **Left overs** | **Potentially**Hazardous Foods |
| Time and Temp @ Delivery | **Time and Temp @ Service** |
| Fruit(Cups) |  |  |  |  |  |  |  |
| ***Vegetables******(Cups)*** ***Dark Green*** ***Red/Orange*** ***Beans/Peas*** ***Starchy*** ***Other*** |  |  |  |  |  |  |  |
| ***Grains******(oz eq)*** |  WGRWhole Grain Rich Checkbox #2WGRWhole Grain Rich Checkbox #3WGR |  |  |  |  |  |  |
| ***Meat/Meat Alternate******(oz eq)*** |  |  |  |  |  |  |  |
| ***Fluid Milk*** | 1% unflavored1% Unflavored checkboxNonfat flavoredNonfat FlavoredNonfat unflavoredNonfat unflavored |  |  |  |  |  |  |
| ***Other******Non-Reimbursable/******Condiments/Additional*** |  |  |  |  |  |  |  |
| Substitutions: | Special Instructions: |
| Comments or Suggestions: |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

## *Vendor Signature Date Sponsor Representative Date*

##  *Signature*