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| --- | --- |
| 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)*** | WGR  Whole Grain Rich Checkbox #2WGR  Whole Grain Rich Checkbox #3WGR |  |  |  |  |  |  |
| ***Meat/Meat Alternate***  ***(oz eq)*** |  |  |  |  |  |  |  |
| ***Fluid Milk*** | 1% unflavored1% Unflavored checkbox  Nonfat flavoredNonfat Flavored  Nonfat unflavoredNonfat unflavored |  |  |  |  |  |  |
| ***Other***  ***Non-Reimbursable/***  ***Condiments/Additional*** |  |  |  |  |  |  |  |
| Substitutions: | | Special Instructions: | | | | | |
| Comments or Suggestions: | | | | | |

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## *Vendor Signature Date Sponsor Representative Date*

## *Signature*