

PINELLAS COUNTY SCHOOLS  
Satellite and Snack Delivery Receipt

**Sponsor:** Pinellas County School Board #52

**Production Site:**

**Receiving Site Name:**

**Site Number:**

**Meal Type :**  Breakfast  Lunch  Vended Snack  Area Eligible Snack  Non Area Eligible Snack **Date:**

PRODUCTION SITE Number of Meals/ Snacks Produced/Shipped Carefully check and count meals			RECEIVING SITE Number of Meals/ Snacks Received Carefully check and count meals		
BREAKFAST	Temperature	Quantity	BREAKFAST	Temperature	Quantity
Milk			Milk		
Fruit/ Juice			Fruit/ Juice		
Grain/MMA			Grain/MMA		
<b>LUNCH</b>			<b>LUNCH</b>		
Milk			Milk		
Vegetable or Fruit			Vegetable or Fruit		
Fruit			Fruit		
Sandwich/Entree			Sandwich/Entree		
<b>SNACK</b>			<b>SNACK</b>		
Grain			Grain		
Juice or Milk			Juice or Milk		
<b>Total # of Breakfast Shipped:</b>			<b>Total # of Breakfast Received:</b>		
<b>Total # of Lunches Shipped:</b>			<b>Total # of Lunches Received:</b>		
<b>Total # of Snacks Shipped:</b>			<b>Total # of Snacks Received:</b>		
I verify that all of the components have been delivered for the number and types of meals listed on this delivery slip.			I certify the correct amounts of food were delivered within appropriate temperatures		
<b>Driver Signature:</b>			<b>Receiving Site Signature:</b>		
<b>Date/Time:</b>			<b>Date/Time:</b>		

**Notes:**