North Carolina Department of Health and Human Services Division of Child & Family Well-Being, Community Nutrition Services Section Child and Adult Care Food Program



CATERED MEAL DOCUMENTATION

nstitution Name:					_ Facility Name:				Agreement #		
Bulk Meal Delivery Ticket											
	Meal Type (Circle One)	:	В	AM	L	PM	S	Late PM			
	Food Item					antity ounds, llons)	Te	emperature*	# Servings/ Portion Size		
CTION											
IIS SE(
LES TI											
MPLE											
CATERING COMPLETES THIS SECTION	*Food temperatures should be outside the danger zone for safe food service (less than 41 or greater than 135 degrees Fahrenheit).										
5	Date Delivered:										
	Time Delivered:										
	Delivered By:										
	Comments:										
	COMPLET	ED BY	FACIL	ITY / INS	STITUTI	ON STAF	F AT T	IME OF DELIVE	RY		
Red	Received By:										
Tin	Time Serving Began:										
	√ the item below that best represents the for participants in attendance for this me							√ <i>Mark</i> Infants	groups being Children	g served Adults	
101	Meets FULL Me					l amoun	its	inancs	Simarcii	riadits	
		Meets MORE than the Meal Patter									
		amounts (additional items/servings)									
	Meets LESS than the Meal Pattern(s) in required										

complete Meal Pattern)

amounts (adding items on hand or made in-house items for

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		Ρ	late	d Mea	l De	elivery	Tick	et				
	Meal Type (Circle One	e):	В	AM	L	PM	S	Late P	M			
	Food Item					Temperature			Portion Size			
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THIS S												
PLETES												
CATERING COMPLETES THIS SECTION												
	*Food temperatures should be outside the danger zone for safe food service (less than 41 or greater than 135 degrees Fahrenheit).											
3	Date Delivered:					# Me	als De	livered				
	Time Delivered:											
	Delivered By:											
	Comments:											
	COMPLETE	D BY	/ FACII	LITY / INS	TITU	TION STA	FF AT T	IME OF D	ELIVE	RY		
Re	Received By:			# Meals Rece								
Tir	me Serving Began:											
				t represents the food items above,					✓ Mark groups being served Infants Children Adults			
101	for participants in attendance								ants	Ciliaren	Adults	
	Meets FULL Meal Pattern(s) in required amounts Meets MORE than the Meal Pattern(s) in required											

Meets LESS than the Meal Pattern(s) in required amounts

(adding items on hand or made in-house items for complete Meal

amounts (additional items/servings)

Pattern)