Food Delivery Receipt
Children ages 3-5 years

CACFP Institution: ___________________________ Date: ______________
Food Service Vendor: ___________________________

Breakfast

<table>
<thead>
<tr>
<th>Component</th>
<th>Item</th>
<th>Serving Size (3-5 Years)</th>
<th>Total Weight/Measure Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruit/Vegetable</td>
<td>½ cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bread/Alternate</td>
<td>½ slice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Milk</td>
<td>3/4 cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meat/Alternate (opt.)</td>
<td>none required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extras</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of Meals Provided: ____________

Lunch

<table>
<thead>
<tr>
<th>Component</th>
<th>Item</th>
<th>Serving Size (3-5 Years)</th>
<th>Total Weight/Measure Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meat/Alternate</td>
<td>1 ½ oz.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruit/Vegetable</td>
<td>1/4 cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruit/Vegetable</td>
<td>1/4 cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bread/Alternate</td>
<td>1/2 oz. Or ½ slice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Milk</td>
<td>3/4 cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extra</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of Meals Provided: ____________

Snack

<table>
<thead>
<tr>
<th>Component</th>
<th>Item</th>
<th>Serving Size (3-5 Years)</th>
<th>Total Weight/Measure Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meat/Alternate</td>
<td>1/2 oz.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruit/Vegetable</td>
<td>½ cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bread/Alternate</td>
<td>1/2 oz. Or 1/2 slice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Milk</td>
<td>1/2 cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extra</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of Meals Provided: ____________

Acceptance of delivery:

Signature ___________________________ Date __________________

USDA is an equal opportunity provider and employer