



Food and Nutrition Services  
**Hurricane Satellite Shelter Deliver Receipt**

School Host Site: \_\_\_\_\_ Shelter Name: \_\_\_\_\_

Meal Type (*check one*)     Breakfast     Lunch     Supper

**Kitchen Supervisor / Staff** Number of Meals Produced/Shipped (*carefully check and count meals*)

Food Item	Temperature	Quantity
Milk: <input type="checkbox"/> White <input type="checkbox"/> Chocolate <input type="checkbox"/> Strawberry		
Vegetable:		
Fruit:		
Grain:		
Meat:		
Other:		
Total Number of Meals Shipped		
Host Manager Signature: _____		
Date: _____ Time: _____		

**Shelter Supervisor / Staff** Number of Meals Received (*carefully check and count meals*)

Food Item	Temperature	Quantity
Milk: <input type="checkbox"/> White <input type="checkbox"/> Chocolate <input type="checkbox"/> Strawberry		
Vegetable:		
Fruit:		
Grain:		
Meat:		
Other:		
Total Number of Meals Received		
Site Supervisor Signature: _____		
Date: _____ Time: _____		

**Notes**