

Food Delivery Receipt

Children ages 3-5 years

CACFP Institution : _____

Date : _____

Food Service Vendor: _____

Breakfast

Number of Meals Provided:

Component	Item	Serving Size (3-5 Years)	Total Weight/ Measure Provided
Fruit/Vegetable		1/2 cup	
Bread/Alternate		1/2 slice	
Milk		3/4 cup	
Meat/Alternate (opt.)		none required	
Extras			

Lunch

Number of Meals Provided:

Component	Item	Serving Size (3-5 Years)	Total Weight/ Measure Provided
Meat/Alternate		1 1/2 oz.	
Fruit/Vegetable		1/4 cup	
Fruit/Vegetable		1/4 cup	
Bread/Alternate		1/2 oz. Or 1/2 slice	
Milk		3/4 cup	
Extra			

Snack

Number of Meals Provided:

Component	Item	Serving Size (3-5 Years)	Total Weight/ Measure Provided
Meat/Alternate		1/2 oz.	
Fruit/Vegetable		1/2 cup	
Bread/Alternate		1/2 oz. Or 1/2 slice	
Milk		1/2 cup	
Extra			

Acceptance of delivery:

Signature _____

Date _____

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