

NUTRIENT STANDARD/ASSISTED NUTRIENT STANDARD SATELLITE DELIVERY SHEET

Date: _____

(Check off) M T W Th F S Su

(Check off) Breakfast Lunch

Sending To (Site): _____

Planned Number of Meals: _____

Times Leaving Kitchen: _____

Time Arrived at Site: _____

List Menu Item	Serving Size	Serving Utensils Size and Number	Amount Sent	Total Servings	Number of Servings Left Over	Temperatures	
						Sent	Rec'd
<u>Entree(s)</u>							
<u>Side Dishes</u>							
<u>Milk</u> (Circle Types Offered) Skim/Nonfat 1% Lowfat 1% Lowfat Chocolate 1.5% Reduced fat Chocolate 2% Reduced fat Whole Milk							
<u>Other Items/Condiments</u>							

Tray Count

Students _____

Adults _____

Total _____

Cashier Count _____

I verify the above information is true and correct.

(Manager)-Sender

(Cook Manager)-Receiver

TRADITIONAL/ENHANCED SATELLITE DELIVERY SHEET

Date: _____
 (Check off) M T W Th F S Su
 (Check off) Breakfast Lunch

Sending To (Site): _____
 Planned Number of Meals: _____
 Times Leaving Kitchen: _____
 Time Arrived at Site: _____

List Menu Item	Serving Size	Serving Utensils Size and Number	Amount Sent	Total Servings	Number of Servings Left Over	Temperatures	
						Sent	Rec'd
<u>Meat/Meat Alternate</u>							
<u>Vegetable/Fruit</u>							
<u>Grain/Bread</u>							
<u>Milk</u> (Circle Types Offered) Skim/Nonfat 1% Lowfat 1% Lowfat Chocolate 1.5% Reduced fat Chocolate 2% Reduced fat Whole Milk							
<u>Other Items/Condiments</u>							

Tray Count
 Students _____
 Adults _____
 Total _____

Cashier Count _____

I verify the above information is true and correct.

 (Manager)-Sender

 (Cook Manager)-Receiver