

Item Delivery Ticket

Valley

Unit Name: _____

State and Federal
_____ Unit Number

Center: _____

Route: _____

Stop: _____

Client: _____

	Ordered	Delivered	Replaced	Served	
HOT MEALS					FOOD QUALITY Excellent <input style="width: 50px; height: 20px;" type="text"/> Very Good <input style="width: 50px; height: 20px;" type="text"/> Good <input style="width: 50px; height: 20px;" type="text"/> Fair <input style="width: 50px; height: 20px;" type="text"/> Poor <input style="width: 50px; height: 20px;" type="text"/> Delivery after 10:45 a.m. <input style="width: 50px; height: 20px;" type="text"/> Thermometer returned <input style="width: 50px; height: 20px;" type="text"/> No Sub Notice <input style="width: 50px; height: 20px;" type="text"/> Supplies delivered today <input style="width: 50px; height: 20px;" type="text"/> Problems with Supplies: _____ _____ _____
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
BREAKFAST MEAL					
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
FROZEN MEALS					
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

TEMPERATURES									
	Food Type	Delivery		Serving		Short	Unacceptable	Food Purchased	
		Pan 1	Pan 2	Pan 1	Pan 2				
Meat	_____	_____	_____	_____	_____	Meat	_____	_____	_____
Starch	_____	_____	_____	_____	_____	Starch	_____	_____	_____
Veggie	_____	_____	_____	_____	_____	Veggie	_____	_____	_____
Salad/Fruit	_____	_____	_____	_____	_____	Salad	_____	_____	_____
Dessert	_____	_____	_____	_____	_____	Bread	_____	_____	_____
Milk	_____	_____	_____	_____	_____	Dessert	_____	_____	_____
Juice	_____	_____	_____	_____	_____	Milk	_____	_____	_____
Refrigerator	_____	_____	_____	_____	_____	Juice	_____	_____	_____
Thermometer	_____	_____	_____	_____	_____	Condiments	_____	_____	_____
						Total Meals	_____	_____	_____

Problems: _____

Alternate Vendor: _____ Cost: _____

Accepted By: _____ Date: _____ Time: _____

Driver Initials: _____ Date: _____ Time: _____