

Unit Number: _____

Item Delivery Ticket

Trio, State and Federal

AAA: _____

Date: _____

_____ - _____

SITE:**Route****Stop****Hot Meals SCD****Ordered Delivered Replace Served****Not Served Eligible Guest**

Title III (C1 SCD)

Title III (C2 SCD)

REPLACEMENTS**FOOD QUALITY**

Food	Servings Short	Reason Unacceptable	Food Purchased

Excellent: ☐

Very Good: ☐

Good: ☐

Fair: ☐

Poor: ☐

Delivery After 10:00: ☐

Delivery After
10:00 - Unable to Serve*: ☐

Entire Delivery - No Show: ☐

No Sub Notice: ☐

Weather Closing: ☐

Alternate Vendor: _____**Cost:**
\$ _____

* Explain why unable to serve food in comments below

TEMPERATURES**Delivery****Serving**

Pan 1	Pan 2	Pan 3	Pan 1	Pan 2	Pan 3

Entrée: _____**Side:** _____**Side:** _____**Side:** _____**Dessert:** _____**Milk:** _____**Juice:** _____**Refrigerator:****Thermometer:****Comments:****Accepted By:** _____**Driver's Initials @ Arrival:** _____ **Time of Arrival:** _____