

## SFSP MEAL DISTRIBUTION FORM

Submit forms to [sfsp@centraltexasfoodbank.org](mailto:sfsp@centraltexasfoodbank.org) or fax to 888-966-7428

Site Name: \_\_\_\_\_ Name of Staff Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

Approved Meal Distribution Window: \_\_\_\_\_ Meal Delivery Time: \_\_\_\_\_ Meal Distribution Start Time: \_\_\_\_\_

Meal Type : Breakfast & Lunch

Meal Style : Cold/Shelf Stable Breakfast, Frozen Lunch

Temperature of **Meals**: \_\_\_\_\_

# of Meal Packs received today:  (1 meal pack = 7 complete lunch + 7 complete breakfast)

Number of Meal Packs Distributed to Children and/or Guardian (cross off number as each child receives a meal pack):

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

Total First Meal Packs:  [1]

Second Meal Packs Distributed:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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Total Second Meal Packs:  [2]

**TOTAL MEAL PACKS DISTRIBUTED: ([1] + [2])**  [3]

Number of additional children requesting a meal pack after all available packs were served: 1 2 3 4 5 6 7 8 9 10 Other: \_\_\_

Number of children anticipated for next meal distribution:

Comments / Feedback:

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By signing below I certify that the information on this form is true and correct to the best of my knowledge. I understand that misrepresentation may result in prosecution under applicable state or federal statutes.

Site Supervisor/Representative \_\_\_\_\_

Date \_\_\_\_\_

