

SACK MEALS TO GO FORM

SCHOOL NAME _____ REQUESTED NUMBER OF MEALS: _____
 GROUP: _____ DATE OF PICK-UP: _____
 ADULT ADVISOR: _____ TIME OF PICK-UP: _____

MEAL COMPONENT	MENU	PORTION SIZE	PREPARED	RETURNED
Meat/Meat Alt.				
Bread/Bread Alt.				
Vegetable / Fruit				
Vegetable / Fruit				
Milk				

Federal reimbursement may be claimed for one breakfast and one lunch per child per day. A list of names of the students receiving the sack meals must be attached to this form when it is returned to the Food Service Manager with the unserved meals. If any cash payment is collected, this should be recorded beside the name of the student from whom it was received.

In order for the school to claim federal reimbursement for meals served, milk must be available (offered) to the students receiving the meals. Each milk must be maintained at a safe temperature (40 degrees F. or lower) at all times.

MEALS SHOULD BE CONSUMED NO MORE THAN FOUR HOURS FROM THE TIME THE FOOD LEAVES THE REFRIGERATED AREAS

Time of pick-up _____

Time of Service: _____

Temperature of Potentially Hazardous Foods:

Milk _____ ° F

Meat _____ ° F

Other _____ ° F

Other _____ ° F

Temperature of Potentially Hazardous Foods

Milk _____ ° F

Meat _____ ° F

Other _____ ° F

Other _____ ° F

I have read the information above. I understand the importance of maintaining potentially hazardous foods at a safe temperature and serving them within a safe time period. I recognize that the meals served to students listed on the attached sheet will be claimed for federal reimbursement. I will take care to list only the names of students who receive a reimbursable meal.

Signature of Adult Receiving Meals: _____