

# FOOD DONATION DOCUMENTATION

Food Item	Amount	Temperature	Food Cost

\_\_\_\_\_ am/pm  
**Signature of Child Nutrition Staff Releasing Donation**      **Date**      **Time**

\_\_\_\_\_ am/pm  
**Signature of Non-profit Staff Picking Up Donation**      **Date**      **Time**

TOTAL FOOD COST FOR DAY:	\$ _____
TOTAL FOOD COST FOR MONTH:	\$ _____
COMMENTS:	