



Pre-Plated Student Meal Delivery

Date: _____

Student Last Name: _____

Student First Name: _____

Student ID: _____

Entrée Selection _____

Cold Side 1: _____

Hot Side 1: _____

Cold Side 2: _____

Hot Side 2: _____

Milk Selection: _____

Condiments: _____

Faculty/Staff Signature: _____

Date: _____

Faculty/Staff Printed Name: _____

Student Signature: _____

Date: _____

Student Printed Name: _____

Cashier Signature: _____

Date: _____

Cashier Printed Name: _____

***Faculty/Staff member should complete this form in full **before** the meal is provided per USDA / TDA regulation

***Cashier is to keep and sign the final copy for federal record keeping. Please add this file to daily production record