



**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

This institution is an equal opportunity provider.