MEAL COUNT FORM

Date	Time	Serving Count	~15 oz.? (Y/N)	Veg. Serving? (Y/N)	Labeled? (Y/N)	Temp	Kitchen Signature	Kitchen Name (Printed, Legible)	Receiving Partner* Signature	Receiving Name (Printed, Legible)	Waste Last Week by Servings

KITCHEN COALITION

A PROGRAM OF second harvest HEARTLAND®

*Recieving Partners = SHH Drivers, SHH Compliance Staff or Distribution Agencies