

DELIVERY CHECKLIST for ROUTE #

Date	X	Entrée (protein)	X	Fruit	X	Vegetable	X	Bread	X	Milk	Initial for Receipt
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Date:

	Food Item/s Sent									
	Amount Sent									
	Special Diet									
	Food Item/s Sent									
	Amount Sent									
	Special Diet									
	Food Item/s Sent									
	Amount Sent									
	Special Diet									
	Food Item/s Sent									
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	Special Diet									