

# Vendor Incident Report: Meals Not Accepted

**Copy of report must be emailed to State Agency within 24 hrs.**

Vendor Name:	Date of Delivery:
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Name of Site Food Delivered To:

Meal Type	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Number of Meals Ordered						
Number of Meals <b>Not Accepted</b>						

Description of Food Items <b>Not Accepted</b> (including milk, if applicable)	Quantity Delivered or Serving Size	Food Item Delivered (check one)		Temperature and Time					
		Unitized	Bulk	Temp. leaving kitchen	Time	Temp. at delivery	Time	Temp. when served	Time

Type and Amount of Milk Delivered Today (if	Number of 4 oz. Cartons	Number of 8 oz. Cartons	Number of Half Gallons	Number of Gallons
Fat Free (Skim)				
Low Fat (1%)				
Whole Milk				

Meals Returne d to	Print Name Vendor Representative	Signature Vender Representative	Time of Delivery:
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Meals Not Accepted	Print Name Sponsor Representative	Signature Sponsor Representative
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List any problems or discrepancies regarding food and/or delivery:

If an alternative meal was served by the sponsor, list menu: