Date:
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Loaded By: \_\_\_\_\_ Delivered By: \_\_\_\_\_

Agency Name:	
Address:	
Phone:	

## **Donations Received**

\_\_\_\_\_

Items	Qty.	Unit Price	Total Value/Cost
Total Donation			

Donating Organization Representative	(Institution) Representative	Date
*Name/Address Donating Organization:		
*Please include the name of the do	mating organization in the space above.	

THANK YOU FOR YOUR GENEROUS SUPPORT!

## Guidance for Donated Goods in the Child and Adult Care Food Program (CACFP) and the Summer Food Service Program (SFSP)

Documentation of donated goods is required in the Community Nutrition Programs. The purpose of this document is to help establish that adequate food or goods were available for the month. This form should be used to record individual items that are donated to the Program. Please note that the actual value of the goods donated cannot be used as a cost for the Program. However, any other costs (mileage or travel to obtain the goods, relevant labor costs etc.) associated with obtaining the donated goods can be recorded separately and used to document cost.