

Child Care Center Name: \_\_\_\_\_

**This form must be submitted to YES Inc. with your monthly claim packet at proof of receiving products used under CACFP.**

**DONATED OR HARVESTED FOOD**

Date	Check one		Description of Food	Quantity	Donor Name (Print) + Signature	Donor Contact Info
	Harvested	Donated				
1/1/17	✓		apples	20 lbs	Ray Verde <i>Ray Verde</i>	229-555-1212

**DONATED MILK**

Date	# of gallons	Quantity	Value of Donation	Milk Only (Check One Only)	Donor Name (Print) + Signature	Donor Contact Info
				<input type="checkbox"/> Whole <input type="checkbox"/> Skim/Low-Fat (1%) <input type="checkbox"/> Iron-Fortified Infant Formula <input type="checkbox"/> Alt Milk : _____		
				<input type="checkbox"/> Whole <input type="checkbox"/> Skim/Low-Fat (1%) <input type="checkbox"/> Iron-Fortified Infant Formula <input type="checkbox"/> Alt Milk _____		
				<input type="checkbox"/> Whole <input type="checkbox"/> Skim/Low-Fat (1%) <input type="checkbox"/> Iron-Fortified Infant Formula <input type="checkbox"/> Alt Milk		
				<input type="checkbox"/> Whole <input type="checkbox"/> Skim/Low-Fat (1%) <input type="checkbox"/> Iron-Fortified Infant Formula <input type="checkbox"/> Alt Milk		

**MINUTE MENU INSTRUCTIONS:** Enter page as receipt into Minute Menu with a value of \$0.00. Include form with your claims submission.

Verified at child care site by (signature): \_\_\_\_\_ Date: \_\_\_\_\_

**ALL DONATED CLAIMS ARE SUBJECT TO VERIFICATION BY YES INC. STAFF. FALSIFICATION OF RECORDS IS AN OFFENSE THAT IS PUNISHABLE THROUGH SERIOUS DEFICIENCY AND/OR TERMINATION FROM THE USDA PROGRAM. A CENTER WITH UNSPENT CACFP DOLLARS SHOULD NOT ACCEPT DONATED FOOD. CACFP IS A NONPROFIT FOOD PROGRAM.**