

CACFP Center Donation Receipt

Center Name: _____

Received by: _____ Date: _____

Donor Name: _____

Milk Donation

Type	Quantity (in gallons)	Expiration Date	Valued Amount
<input type="checkbox"/> Whole Milk			\$
<input type="checkbox"/> 2% Milk			\$
<input type="checkbox"/> 1% or Skim Milk			\$
<input type="checkbox"/> Other: _____			\$
Total Valued Amount			\$

Food Donation

Item (Description)	Valued Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Valued Amount	\$

Non-Food Donation

Item (Description)	Valued Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Valued Amount	\$

Donor's Signature _____

Donor's Contact Number _____

Receiver's Signature _____

Title _____



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