		F	Record of Sh	nipment an	d Receipt of Donate	ed Food			
Date:		Trans	sport Driver (Pri	int Name)					
		,			Person-in-charge				
Address:									
Phone:					Fax				
Food Distribution Organization (FDO)					Person-in-charge:				
Address:									
Phone					Fax				
DONOR'S DATA: print name of shipment overseer and initial				FDO receiving facility: Print name of person overseeing receipt of food and initial					
Food Item	Condition Before Transport	Weight	Temp. at Departure	Time of departure	Condition at receipt	Temp. at arrival	Time of arrival	Signature	
Dry Goods									
Dairy									
Frozen									
Produce									
Meat									
Bread/Bakery									