

# RECIPE COLLECTION FORM

School District: \_\_\_\_\_

Agreement No.: \_\_\_\_\_

Meal Served: (Circle one) **Breakfast**    **Lunch**

Days Served: (Enter dates and circle all days that apply.) Mon \_\_\_\_ Tue \_\_\_\_ Wed \_\_\_\_ Thu \_\_\_\_ Fri \_\_\_\_

Recipe Name: \_\_\_\_\_

Serving Size: \_\_\_\_\_

Total Number of Servings Made by this Recipe: \_\_\_\_\_  
(yield)

Recipe Ingredient	Amount
