



# POUNDAGE RECEIPT FORM

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY PRIOR TO DELIVERY

<b>School Name:</b>	<b>Date of Delivery:</b>
<b>Town:</b>	<b>County:</b>
<b>School Level (select all that apply):</b> <input type="checkbox"/> Pre-Kindergarten <input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High <input type="checkbox"/> College	<b>Division (check one):</b> <input type="checkbox"/> Division 1 (1-50 students) <input type="checkbox"/> Division 2 (51-150 students) <input type="checkbox"/> Division 3 (151-400 students) <input type="checkbox"/> Division 4 (401-800 students) <input type="checkbox"/> Division 5 (801-1500 students) <input type="checkbox"/> Division 6 (1501+ students)
<b>Delivered By (print name):</b>	
<b>Phone Number:</b>	<b>Email:</b>
<b>Signature:</b> by signing, you verify that no turkeys or bottled water are included in this delivery	

## TO BE COMPLETED BY COMMUNITY FOODBANK OF NEW JERSEY

<b>Weight:</b>	<b>10% bonus weight:</b> for food delivered prior to Nov. 1st
<b>Total Weight:</b>	<b>FoodBank Signature:</b>