



Summer Food Service Program Meal Distribution Roster

Site Name: _____

Non-Congregate Distribution Date: _____ / _____ /2024

Does this Child Receive M2YA Box's?	Printed Name	# of Meals Distributed	Signature
	1)		
	2)		
	3)		
	4)		
	5)		
	6)		
	7)		
	8)		
	9)		
	10)		
	11)		
	12)		
	13)		
	14)		
	15)		

of meals distributed this page: _____

Report meal counts with rosters weekly to Food Bank of Alaska
Gus Schmidt: Gschmidt@foodbankofalaska.org (907)-222-3107
Enrique Ramirez: Eramirez@foodbankofalaska.org (907)-222-3115

This institution is an equal opportunity provider.

Does this Child Receive M2YA Box's?	Printed Name	# of Meals Distributed	Signature
	16)		
	17)		
	18)		
	19)		
	20)		
	21)		
	22)		
	23)		
	24)		
	25)		
	26)		
	27)		
	28)		
	29)		
	30)		

Please fill out additional rosters as needed for days distribution.

Total # of meals distributed page 1 + page 2: _____

Site Manager Signature : _____ Date : ____/____/2024

of meals distributed this page: _____

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