

# Menu Replacement Form

Providers First and Last Name \_\_\_\_\_

DATE	MEAL TYPE	ORIGINAL FOOD LISTED ON MENU		REPLACEMENT FOOD SERVED
5/20/2016	Breakfast	peaches	replaced with	Mandarin Oranges
			replaced with	
			replaced with	
			replaced with	
			replaced with	
			replaced with	
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			replaced with	

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Providers Signature

\_\_\_\_\_  
Date