

**TAKE ACTION
RECEIPT SHEET**

ID# _____

TODAY'S DATE: _____

Complete a NEW SHEET for EACH receipt or food purchase you have to record.

<input type="checkbox"/> Receipt saved in envelope <input type="checkbox"/> No Receipt	
HH Member who purchased the items:	<input style="width:100%;" type="text"/>
Date of Food Purchase:	<input style="width:100%;" type="text"/>
Store/Restaurant/Location:	<input style="width:100%;" type="text"/>
Food Source (✓ Check food source):	
<input type="checkbox"/> Store	<input type="checkbox"/> Carryout
<input type="checkbox"/> Vending Machines	<input type="checkbox"/> Mail Order
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Bar/Tavern
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Other

NUMBER on Receipt	FOOD/BEVERAGE DESCRIPTION	SIZE <i>(e.g., gallon, oz, large, supersize)</i>	NUMBER OF PACKAGES or ORDERS	PRICE PER PACKAGE or ORDER
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
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24				