



Department of Public Safety and Correctional Services Meal Log

Facility

- Meal: Breakfast
 Lunch
 Dinner

Date: _____

Signature	Unit/Agency	Free	*Off Premises
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

* Off Premises – indicate in the column who authorized.