

DAILY MEAL COUNT FORM																			
Site Name:					Meal Type (circle): B L SN SU														
Address:					Telephone:														
Supervisor's Name:			Delivery Time:			Date:													
Meals received/prepared _____ + Meals available from previous day _____ = _____ (Total meals available) [1]																			
First Meals Served to Children (cross off number as each child receives a meal):																			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150	Total First Meals +					[2]				
Second meals served to children:																			
1	2	3	4	5	6	7	8	9	10	Total Second Meals +					[3]				
Meals served to Program adults:																			
1	2	3	4	5	6	7	8	9	10	Total Program Adult Meals +					[4]				
Meals served to non-Program adults:																			
1	2	3	4	5	6	7	8	9	10	Total non-Program Adult Meals +					[5]				
TOTAL MEALS SERVED =										[6]									
Total damaged/incomplete/other non-reimbursable meals +										[7]									
Total leftover meals +										[8]									
Total of items:										[6] <input type="checkbox"/> + [7] + [8] <input type="checkbox"/> =									
[9]	(Item [9] should be equal to item [1])																		
Number of additional children requesting a meal after all available meals were served:																			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15					
By signing below, I certify that the above information is true and accurate:																			
Signature _____					Date _____														