

Delaware Summer Food Service Program Site Meal Count Form

Site Name: _____

Site Address: _____

Supervisor's Name: _____

Delivery Time: _____ Dates: ____ / ____ / ____ to ____ / ____ / ____

Breakfast	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL
# meals received								
# incomplete or spoiled								
# served as firsts								
# served as seconds								
# of leftovers								
# claimable firsts								
# claimable seconds								

Lunch	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL
# meals received								
# incomplete or spoiled								
# served as firsts								
# served as seconds								
# of leftovers								
# claimable firsts								
# claimable seconds								

Dinner	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL
# meals received								
# incomplete or spoiled								
# served as firsts								
# served as seconds								
# of leftovers								
# claimable firsts								
# claimable seconds								

Snack AM or PM (circle)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL
# meals received								
# incomplete or spoiled								
# served as firsts								
# served as seconds								
# of leftovers								
# claimable firsts								
# claimable seconds								

The use of this form is required by the state agency and must be available for review at each site for the week specified. I hereby certify that the above information is true and correct to the best of my knowledge.

(Signature of Person Responsible at Site)

(Date Signed)

WHITE – maintain in sponsor file

CANARY – maintain at site

PINK – state agency copy

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