DAILY MEAL COUNT FORM

Site Name: _____   Meal Type (circle) :   B   L   S   SNACK   (AM/PM)

Supervisor's Name: _____   Delivery Date: _____   Delivery Time: _____   Meal Service Date: _____

Complete Meals Received/Prepared _____ +

Complete Meals Available from Previous Day _____ = Total Complete Meals Available _____   [1]

First Meals Served to Children (cross off number as each child receives a complete 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

[write in the total first meals crossed off above and place that number here] ⟶ **Total First Meals**   [2]

(Remember: to include the totals from both sides of the form, if applicable).

Second Meals Served to Children: 1   2   3   4   5   6   7   8   9   10 ⟶ Total Second Meals +   [3]

Total Reimbursable Meals =   [4]
[2+3]

Meals Served to Program Adults: 1   2   3   4   5   6   7   8   9   10   Total Program Adult Meals   _____   [5]

Meals Served to Non-Program Adults: 1   2   3   4   5   6   7   8   9   10   Total Non-Program Adult Meals +   _____   [6]

[5+6] Total Non-Reimbursable Meals =   _____   [7]

Total Leftover Complete Meals Today   _____   [8]

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

Total number of children requesting a meal after all available meals were served   _____   [9]

By signing and dating below, I certify that the above information is true and accurate:

_____   _____   [10]

Site Supervisor's Signature   Date of Service

Notes: Total Damaged/Incomplete/Other Non-Reimbursable Meals: _____   If Other, specify below:

CONTINUATION PAGE FOR DAILY MEAL COUNT FORM

Site Name:

Meal Type (circle) :   B   L   S   SNACK   (AM/PM)

Date:

<u>First Meals</u> Served to Children (cross off number as each child receives a meal):

151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170   171 172 173 174 175

176 177 178 179 180 181 182 183 184 185 186 187 188 189 190   191 192 193 194 195 196 197 198 199 200

201 202 203 204 205 206 207 208 209 210   211 212 213 214 215 216 217 218 219 220 221 222 223 224 225

226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250

Total First Meals [ ] **[2]**

<u>Second Meals</u> Served to Children: 11   12   13   14   15   16   17   18   19   20   Total Second Meals + _____   **[3]**

Total Reimbursable Meals = _____   **[4]**

Meals Served to <u>Program Adults</u>:   11   12   13   14   15   16   17   18   19   20   Total <u>Program Adult</u> Meals + _____   **[5]**

Meals Served to <u>Non-Program Adults</u>:   11   12   13   14   15   16   17   18   19   20   Total <u>Non-Program Adult</u> Meals + _____   **[6]**

Total Non-Reimbursable Meals = _____   **[7]**

Total Leftover Complete Meals Today: _____   **[8]**

Number of <u>additional children requesting a meal after all available meals were served</u>:

16   17   18   19   20   21   22   23   24   25   26   27   28   29   30   _____   **[9]**

By signing and dating below, I certify that the above information is true and accurate:

_____   _____   **[10]**

Site Supervisor's Signature   **Date of Service**