



DAILY MEAL COUNT FORM

Site Name: Meal Type (circle): B L SN SU

Address: Date:

Supervisor's Name:

Meals received/prepared \_\_\_\_\_ + Meals available from previous day \_\_\_\_\_ = \_\_\_\_\_ (total meals available)

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

Grid of numbers 1-150 for marking meals served to children. Total First Meals: \_\_\_\_\_

Second Meals Served to Children: 1 2 3 4 5 6 7 8 9 10

TOTAL MEALS ELIGIBLE FOR REIMBURSEMENT: First Meals \_\_\_\_\_

TOTAL MEALS ELIGIBLE FOR REIMBURSEMENT: Second Meals\* \_\_\_\_\_

Meals Served to Program Adults (adults directly involved with meal service; i.e. preparing and serving meals): 1 2 3 4 5 6 7 8 9 10

Meals Served to Non-Program Adults (adults not directly involved with meal service; i.e. admin staff, parents): 1 2 3 4 5 6 7 8 9 10

Total Damaged/Incomplete/Other non-reimbursable Meals: 1 2 3 4 5 6 7 8 9 10

TOTAL MEALS SERVED (first meals + second meals + program adult + non-program adult meals +incomplete): \_\_\_\_\_

Total leftover meals: \_\_\_\_\_

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 \_\_\_\_\_

\*Two percent of second meals served may be claimed for reimbursement during the claiming period. This institution is an equal opportunity provider.



Site Name: \_\_\_\_\_ Date: \_\_\_\_\_

First Meals 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]**