

WEEKLY CONSOLIDATED MEAL COUNT

(To be completed by Site Supervisor and verified by Sponsoring Organization administrative staff.)

SITE NAME: _____ SITE SUPERVISOR: _____ WEEK OF: _____

MEAL TYPE (CIRCLE) B L SN SU	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL FOR THE WEEK
Number of meals received/prepared								
Number of meals available from previous day								
Number of first meals served to children								
Number of second meals served to children								
Number of meals served to Program Adults								
Number of meals served to Non-Program Adults								
Number of incomplete/damaged/out of temperature meals								
Number of left-over meals								
Number of additional children requesting meals after all available meals were served								
Money collected/to be collected for adult meals								
Remarks:				Signature of Site Supervisor: Date:				

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal civil or administrative penalties for fraud, false statements, false claims, or otherwise.