

DAILY MEAL COUNT FORM (all spaces must be completed by Site Supervisor at time of Meal Service)																								
Site Name: Chickasaw Nation Medical Center											Meal Type: Lunch													
Address: 1921 Stonecipher Blvd, Ada, OK 74820											Telephone: (580) 436-3980 x81714													
Supervisor's Name: Ruth McKee																								
Meals 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	151	152	153	154	155	156	157	158	159	160					
Circle and initial the last number																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)			
Any meals served (given that will not be claimed)																								
1	2	3	4	5	6	7	8	9	10													Total of Unclaimed Meals +		(7)
Total damaged/incomplete/other non-reimbursable meals +																					(8)			
Total leftover meals +																					(9)			
Explain what is done with leftover meals: Explain what is done with leftover milk:																								
Total of items: (6) + (7) + (8) + (9) = (10) <div style="text-align: right;">(10) should equal (1)</div>																								
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:													
I understand that this information is being given in connection with the receipt of Federal Funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.																								