Daily Meal Count Form

Date: Meal Type (Circle) B L SN SU

Site Name:

Address: Telephone:

Supervisor's Name:

Delivery Time: Delivery Temperature Milk: Sandwich:

Meals received/prepared _____ + Meals available from previous day____= Total meals available (1)

Signature of Delivery Driver:

Signature of Site Supervisor:

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) (10) should equal (1)
Plus #s from back (if applicable)

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 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.

Signature: _____ Date: _____