

Monthly Consolidated Form of First (1st) and Second (2nd) Meals Served

Claim Period ____/____/____ to ____/____/____

Site Name	Breakfast		Lunch		Snack		Supper	
	1 st meals	2 nd meals	1 st meals	2 nd meals	1 st snacks	2 nd snacks	1 st meals	2 nd meals
1								
2								
3								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
Total								

Meal Type	(A) Total 1 st meals/snacks served	(B) Total 2 nd meals/snacks served	(C) 2 nd meals/snacks Limitation (.02 x A)	(D) Allowable 2 nd meals/snacks- Lesser of (B) or (C)	(E) Allowable Total Meals Snacks (A) + (D)
Breakfast					
Lunch					
Snack					
Supper					

By signing below, I certify that all information above is true and correct.

Signature of Site Supervisor: _____ Date: _____

This institution is an equal opportunity provider.