

<b>DAILY MEAL COUNT FORM</b> (all spaces must be completed by Site Supervisor at time of Meal Service)																																																																																																																																																																	
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):																																																																																																																																																																	
<table style="width: 100%; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr> <tr><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td>32</td><td>33</td><td>34</td><td>35</td><td>36</td><td>37</td><td>38</td><td>39</td><td>40</td></tr> <tr><td>41</td><td>42</td><td>43</td><td>44</td><td>45</td><td>46</td><td>47</td><td>48</td><td>49</td><td>50</td><td>51</td><td>52</td><td>53</td><td>54</td><td>55</td><td>56</td><td>57</td><td>58</td><td>59</td><td>60</td></tr> <tr><td>61</td><td>62</td><td>63</td><td>64</td><td>65</td><td>66</td><td>67</td><td>68</td><td>69</td><td>70</td><td>71</td><td>72</td><td>73</td><td>74</td><td>75</td><td>76</td><td>77</td><td>78</td><td>79</td><td>80</td></tr> <tr><td>81</td><td>82</td><td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td>92</td><td>93</td><td>94</td><td>95</td><td>96</td><td>97</td><td>98</td><td>99</td><td>100</td></tr> <tr><td>101</td><td>102</td><td>103</td><td>104</td><td>105</td><td>106</td><td>107</td><td>108</td><td>109</td><td>110</td><td>111</td><td>112</td><td>113</td><td>114</td><td>115</td><td>116</td><td>117</td><td>118</td><td>119</td><td>120</td></tr> <tr><td>121</td><td>122</td><td>123</td><td>124</td><td>125</td><td>126</td><td>127</td><td>128</td><td>129</td><td>130</td><td>131</td><td>132</td><td>133</td><td>134</td><td>135</td><td>136</td><td>137</td><td>138</td><td>139</td><td>140</td></tr> <tr><td>141</td><td>142</td><td>143</td><td>144</td><td>145</td><td>146</td><td>147</td><td>148</td><td>149</td><td>150</td><td>151</td><td>152</td><td>153</td><td>154</td><td>155</td><td>156</td><td>157</td><td>158</td><td>159</td><td>160</td></tr> </table>		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
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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) (9) should equal (1) <small>Plus #s from back (if applicable)</small>																																																																																																																																																																	
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.																																																																																																																																																																	

Continuation Page for Daily Meal Count Form	
Date:	Meal Type (Circle) B L SN SU
Site Name:	
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	
191 191 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210	
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	
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)
Any meals served (given that will not be claimed)	
1 2 3 4 5 6 7 8 9 10	Total unclaimed meals + (5)
Meals served to non-Program adults:	
1 2 3 4 5 6 7 8 9 10	Total non-Program Adult Meals + (6)
Add these total to page 1	
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	

These totals should be carried back to page one and that page should have the totals for the day.