

**MEAL COUNT-CONSOLIDATION FORM FOR FIRST AND SECOND MEALS  
SERVED FOR THE MONTHLY CLAIM REPORT**

To Be Completed By Sponsor Administrative Staff

| Site      | Breakfast                              |  | Lunch  |   | Snack                               |                      | Supper               |                      |
|-----------|--|--|--|---|-------------------------------------|----------------------|----------------------|----------------------|
|           | 1 <sup>st</sup> Meal                   | 2 <sup>nd</sup> Meal                   | 1 <sup>st</sup> Meal                           | 2 <sup>nd</sup> Meal                                      | 1 <sup>st</sup> Meal                | 2 <sup>nd</sup> Meal | 1 <sup>st</sup> Meal | 2 <sup>nd</sup> Meal |
| 1.        |  |  |  |   |                                     |                      |                      |                      |
| 2.        |  |  |  |   |                                     |                      |                      |                      |
| 3.        |  |  |  |   |                                     |                      |                      |                      |
| 4.        |  |  |  |   |                                     |                      |                      |                      |
| 5.        |  |  |  |   |                                     |                      |                      |                      |
| 6.        |  |  |  |   |                                     |                      |                      |                      |
| 7.        |  |  |  |   |                                     |                      |                      |                      |
| 8.        |  |  |  |   |                                     |                      |                      |                      |
| 9.        |  |  |  |   |                                     |                      |                      |                      |
| 10.       |  |  |  |   |                                     |                      |                      |                      |
| 11.       |  |  |  |   |                                     |                      |                      |                      |
| 12.       |  |  |  |   |                                     |                      |                      |                      |
| 13.       |  |  |  |   |                                     |                      |                      |                      |
| 14.       |  |  |  |   |                                     |                      |                      |                      |
| 15.       |  |  |  |   |                                     |                      |                      |                      |
| 16.       |  |  |  |   |                                     |                      |                      |                      |
| 17.       |  |  |  |   |                                     |                      |                      |                      |
| 18.       |  |  |  |   |                                     |                      |                      |                      |
| 19.       |  |  |  |   |                                     |                      |                      |                      |
| 20.       |  |  |  |   |                                     |                      |                      |                      |
|           |  |  |  |   |                                     |                      |                      |                      |
| Total     |  |  |  |   |                                     |                      |                      |                      |
| Meal Type | (A) Total 1 <sup>st</sup> Meals Served | (B) Total 2 <sup>nd</sup> Meals Served | (C) 2 <sup>nd</sup> Meal Limitations (.02 X A) | (D) Allowable 2 <sup>nd</sup> Meals- Lesser of (B) or (C) | (E) Allowable Total Meals (A) + (D) |                      |                      |                      |
| Breakfast |  |  |  |   |                                     |                      |                      |                      |
| Lunch     |  |  |  |   |                                     |                      |                      |                      |
| Snack     |  |  |  |   |                                     |                      |                      |                      |
| Supper    |  |  |  |   |                                     |                      |                      |                      |
|           |  |  |  |   |                                     |                      |                      |                      |

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 of Sponsor Administrative Representative: \_\_\_\_\_

Date: \_\_\_\_\_