

**OKLAHOMA STATE DEPARTMENT OF EDUCATION
CHILD NUTRITION PROGRAMS (CNP)
SEAMLESS SUMMER OPTION
DAILY MEAL COUNT FORM**

Site: _____ Type of Meal Served: _____

Address: _____ Telephone Number: _____

Supervisor: _____ Date: _____ Time of Meal Service and/or Delivery Time: _____

Total Meals Received/Prepared: _____ Day of Week: _____

First Meals Served to Children

1	11	21	31	41	51	61	71	81	91	101	111	121	131	141	151	161	171	181	191
2	12	22	32	42	52	62	72	82	92	102	112	122	132	142	152	162	172	182	192
3	13	23	33	43	53	63	73	83	93	103	113	123	133	143	153	163	173	183	193
4	14	24	34	44	54	64	74	84	94	104	114	124	134	144	154	164	174	184	194
5	15	25	35	45	55	65	75	85	95	105	115	125	135	145	155	165	175	185	195
6	16	26	36	46	56	66	76	86	96	106	116	126	136	146	156	166	176	186	196
7	17	27	37	47	57	67	77	87	97	107	117	127	137	147	157	167	177	187	197
8	18	28	38	48	58	68	78	88	98	108	118	128	138	148	158	168	178	188	189
9	19	29	39	49	59	69	79	89	99	109	119	129	139	149	159	169	179	189	199
10	20	30	40	50	60	70	80	90	100	110	120	130	140	150	160	170	180	190	200

Total First Meals +

Total Meals Served =

Total Damaged/Incomplete Meals +

Total Leftover Meals +

Signature

Date