

Temperature of Meals at Service:

Daily Meal Count Form



Site Name: _____

Address: _____

Telephone: _____

Site Supervisor: _____

Delivery Time: _____

Date: _____

Circle Meal Type: Breakfast Lunch Snack Supper

Meals received/prepared _____ + meals from previous day _____ = _____ total meals available

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	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	192	193	194	195	196	197	198	199	200

Use this number for calculating Line 2 of site claim Total First Meals Served to Children:

Second Meals: 1 2 3 4 5 6 7 8 9 10 **Total Second Meals to Children:**

Program Adult Meals: 1 2 3 4 5 6 7 8 9 10 **Total Program Adults:**

Non-Program Adult Meals: 1 2 3 4 5 6 7 8 9 10 **Total Non-Program Adults:**

Do not use this number for site claim **Total Meals Served:**

Total Damaged/Dropped/Non-reimbursable meals:

Total Left Over Meals:

Total Meal Served + Non-Reimbursable Meals + Total Leftover Meals= _____
(This number should be equal to total number of meals available for the day)

Number of Children requesting a meal after all available meals were served:

1 2 3 4 5 6 7 8 9 10

By Signing below, I certify that the information above is true and accurate

Signature _____

Date _____

REMINDER: ADULT MEALS MUST BE RECORDED ABOVE BUT CANNOT BE CLAIMED FOR REIMBURSEMENT!