



Alternate Daily Meal Count Form

Site Name: _____

Address: _____

Telephone: _____

Site Supervisor: _____

Delivery Time: _____

Date: _____

#1 Meal Service

Meal Type: B L Sn Su

Meals delivered/prepared _____ + # of 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

Total Number of First Meals Served to Children: _____

Second Meals: 1 2 3 4 5 6 7 8 9 10

Total Second Meals: _____

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

1 2 3 4 5 6 7 8 9 10

Total Meals Served: _____

Signature: _____

(+) Total Left Over Meals _____ = _____

#2 Meal Service

Meal Type: B L Sn Su

Meals delivered/prepared _____ + # of 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

Total Number of First Meals Served to Children: _____

Second Meals: 1 2 3 4 5 6 7 8 9 10

Total Second Meals: _____

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

1 2 3 4 5 6 7 8 9 10

Total Meals Served: _____

Signature: _____

(+) Total Left Over _____ = _____