

DAILY MEAL COUNT FORM	
Site Name:	Meal Type (circle): B L SN SU
Address:	Telephone:
Supervisor's Name:	Delivery Time: Date:
Meals received/prepared _____ + Meals available from previous day _____ = _____ (Total meals available) [1]	
First Meals Served to Children (cross off number as each child receives a meal):	
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 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]	
Total damaged/incomplete/other non-reimbursable meals + [7]	
Total leftover meals + [8]	
Total of items: [6] + [7] + [8] = [9]	
(Item [9] should be equal to item [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	
By signing below, I certify that the above information is true and accurate:	
Signature _____	Date _____