# 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) ❶**

| 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 |
| 201 | 202 | 203 | 204 | 205 | 206 | 207 | 208 | 209 | 210 | 211 | 212 | 213 | 214 | 215 | 216 | 217 | 218 | 219 | 220 |
| 221 | 222 | 223 | 224 | 225 | 226 | 227 | 228 | 229 | 230 | 231 | 232 | 233 | 234 | 235 | 236 | 237 | 238 | 239 | 240 |
| 241 | 242 | 243 | 244 | 245 | 246 | 247 | 248 | 249 | 250 | | | | | | | | | | |

| Total first meals served to children | ❷ |
|---|---|
| Second meals served to children<br>1  2  3  4  5  6  7  8  9  10  **Total Second Meals   +** | ❸ |
| Meals served to Program adults<br>1  2  3  4  5  6  7  8  9  10  **Total Program Adult Meals   +** | ❹ |
| Meals served to non-Program adults<br>1  2  3  4  5  6  7  8  9  10  **Total Non-Program Adult Meals   +** | ❺ |
| **TOTAL MEALS SERVED   =** | ❻ |
| **Total disallowed meals (damaged/incomplete and/or other non-reimbursable meals   +** | ❼ |
| **Total leftover meals   +** | ❽ |
| **Total of items   ❺ + ❼ + ❽ =**<br>**Item ❾ should be equal to item ❶** | ❾ |

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