

DAILY MEAL COUNT FORM

Site Name: _____ Meal Type (circle): B L SN SU

Address: _____ Telephone: _____

Supervisor's Name: _____ Delivery Time: _____ Date(s): _____

Meals received/prepared _____ + Meals available from previous day _____ = _____ (Total meals available) ❶

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 +	❷

A X B = C ❸

(A) is the total # meals per package; (B) the number of children; (C) equals total # meals to be claimed.

Meals served to Program adults:

1 2 3 4 5 6 7 8 9 10 **Total Program Adult Meals +** **❹**

TOTAL MEALS SERVED = **❻**

Total damaged/incomplete/other non-reimbursable meals + **❼**

Total leftover meals + **❽**

Total of items: _____ ❻ + ❼ + ❽ = ❾
(Item ❾ should be equal to item ❶)

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

Signature _____

Date _____

Daily Meal Count, continued

CONTINUATION PAGE FOR DAILY MEAL COUNT FORM																				
Site Name:										Date(s):										
First Meals Served to Children (cross off number as each child receives a meal):																				
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 +																		2		
Meals served to Program adults:																				
11	12	13	14	15	16	17	18	19	20											
										Total Program Adult Meals +								4		
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 on the front side of the page)																				

Instructions for SFAs and sponsors doing single-day meal service/distribution:

- Mark each meal as it is served.
- Use a separate meal count sheet for each meal type (i.e. one meal count sheet for breakfast and a different meal count sheet for lunch).
- Use additional meal count sheets as necessary to accurately record each meal as it is given to a child.
- Section 3 is used only if multiple days of breakfast/lunch meals are provided in one pickup/delivery.

Instructions for SFAs and sponsors using multiple-day meal service/distribution:

- Mark each package of meals as they are served/distributed.
- Record the number of meals each package contains in box A of Section 3; record the number of meal packages from Section 2 in box B of Section 3; multiply the two values to determine the total number of meals served in box C of Section 3.
 - o For example 5 days of breakfast and lunch meals x 20 students = 100 meals for breakfast and 100 meals for lunch.
- Use a separate meal count sheet for each meal type (i.e. one meal count sheet for breakfast and a different meal count sheet for lunch).
- Use additional meal count sheets as necessary to accurately record each meal as it is given to a child.