Multi-Day Milk Counts **School:** _____

Week of: _____ **Year:** _____			**Monday**			**Tuesday**			**Wednesday**			**Thursday**			**Friday**			**Total Number Served for Week (optional)**
Breakfast Milks																		
Flavor/ Fat Content	**Brand**	**Serving Size**	Start Count	End Count	Used	Start Count	End Count	Used	Start Count	End Count	Used	Start Count	End Count	Used	Start Count	End Count	Used	**Total Amount Used (optional)**
			Monday			**Tuesday**			**Wednesday**			**Thursday**			**Friday**			**Total Number Served for Week (optional)**
Lunch Milks																		
Flavor/ Fat Content	**Brand**	**Serving Size**	Start Count	End Count	Used	Start Count	End Count	Used	Start Count	End Count	Used	Start Count	End Count	Used	Start Count	End Count	Used	**Total Amount Used (optional)**