MULTI-DAY 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

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 +   ❷

Meals served to Program adults:

11   12   13   14   15   16   17   18   19   20   **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 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 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.