

Daily Meal Count Record

Sponsor: _____ Agreement # 04-_____

Meal Type (check one): Breakfast A.M. Supplement Lunch P.M. Supplement Supper

Site Name: _____ Site #: _____

Site Address: _____

Site Supervisor: _____

Site Phone #: _____

Date Delivered: _____ Time Delivered: _____

Meal Service:

1. Number of meals delivered
(Attach Vendor Delivery Slip): _____

2. Number of meals left over
from previous day: _____

3. Number of meals transferred to:*

(Site Name)

4. Number of meals transferred from:*

(Site Name)

5. Total number of meals available: _____

6. Total number of meals served:
_____ + _____
(First Servings) (Second Servings)

7. Meals Served to Adults:
_____ + _____
(Program) (Non-Program)

8. Number of Meals Damaged _____

9. Test meal for quality control** _____

10. Total meals served/damaged/tested: _____

11. Number of meals left over: _____

Reference: $1 + 2 - 3 + 4 = 5$ $5 - 10 = 11$
 $6 + 7 + 8 + 9 = 10$

Date Meals Served: _____													
As meals are served, mark through each number beginning with #1													
First Servings													
1	21	41	61	81	101	121	141	161	181	201	221	241	261
2	22	42	62	82	102	122	142	162	182	202	222	242	262
3	23	43	63	83	103	123	143	163	183	203	223	243	263
4	24	44	64	84	104	124	144	164	184	204	224	244	264
5	25	45	65	85	105	125	145	165	185	205	225	245	265
6	26	46	66	86	106	126	146	166	186	206	226	246	266
7	27	47	67	87	107	127	147	167	187	207	227	247	267
8	28	48	68	88	108	128	148	168	188	208	228	248	268
9	29	49	69	89	109	129	149	169	189	209	229	249	269
10	30	50	70	90	110	130	150	170	190	210	230	250	270
11	31	51	71	91	111	131	151	171	191	211	231	251	271
12	32	52	72	92	112	132	152	172	192	212	232	252	272
13	33	53	73	93	113	133	153	173	193	213	233	253	273
14	34	54	74	94	114	134	154	174	194	214	234	254	274
15	35	55	75	95	115	135	155	175	195	215	235	255	275
16	36	56	76	96	116	136	156	176	196	216	236	256	276
17	37	57	77	97	117	137	157	177	197	217	237	257	277
18	38	58	78	98	118	138	158	178	198	218	238	258	278
19	39	59	79	99	119	139	159	179	199	219	239	259	279
20	40	60	80	100	120	140	160	180	200	220	240	260	280

Second Servings													
1	2	3	4	5	6	7	8	9	10	11	12	13	14

Program Adult Meals													
1	2	3	4	5	6	7	8	9	10	11	12	13	14

Non-Program Adult Meals													
1	2	3	4	5	6	7	8	9	10	11	12	13	14

*Complete SFSP-S10 or a State Agency approved form for all transfers.

****Do not mark test meals as meals served** as sponsors may only claim the cost for testing a meal. If a meal is tested, justification must be provided under comments below. Routine testing of meals is not reasonable or justified.

Comments: _____

Certification: I hereby certify that the above information is true and correct without any deliberate misrepresentation.

Site Supervisors Signature

Must be Signed