

Florida Department of Education
 Food and Nutrition Management
 Summer Food Service Program for Children
SITE SUPERVISOR'S RECORD OF MEALS SERVED FORM

Site Name: _____

Site Supervisor: _____

Meal Service: Breakfast A.M. Snack Lunch P.M. Snack Supper

Date: _____

Note: A copy of this form must be maintained at the site for the duration of the site's operations.

DATE	DAY	# OF MEALS DELIVERED/ PREPARED	# OF FIRST MEALS SERVED	# OF SECOND MEALS SERVED	# OF LEFTOVERS
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
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	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				

DATE	DAY	# OF MEALS DELIVERED/ PREPARED	# OF FIRST MEALS SERVED	# OF SECOND MEALS SERVED	# OF LEFTOVERS
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
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	Monday				
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	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				

Instructions: Record the number of meals delivered/prepared, the number of first meals served, the number of second meals served, and the number of leftovers each day per meal service your site is operating. This number should be copied from your Daily Meal Count Form. **Maintain this form at your site as a record of total meals served.**