

DAILY MEAL COUNT FORM

Site Name: _____

Date: _____

Person Preparing Report: _____

Serving Time: _____

Meal Type: Breakfast Snack Lunch Supper

of Meals Received: _____

1st MEALS SERVED TO CHILDREN/TEENS - Cross off number as each child/teen 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

2nd SERVINGS SERVED TO CHILDREN/TEENS – Lunch / Supper Only

1 2 3 4 5 6 7 8 9 10

of milks returned to inventory:

DAILY MEAL COUNT FORM

Site Name: _____

Date: _____

Person Preparing Report: _____

Serving Time: _____

Meal Type: Breakfast Snack Lunch Supper

of Meals Received: _____

1st MEALS SERVED TO CHILDREN/TEENS - Cross off number as each child/teen 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

2nd SERVINGS SERVED TO CHILDREN/TEENS – Lunch / Supper Only

1 2 3 4 5 6 7 8 9 10

of milks returned to inventory: