

## Daily Meal Count Form

Site Name:	Person Preparing Report:	Date (month/day/year):
Meal Type: Breakfast    Snack    Lunch    Supper	Serving Time:	# of Meals Received:
<b>1st MEALS SERVED TO CHILDREN/TEENS - cross off number as each child/teen receives a meal</b>		
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
<b>2nd SERVINGS SERVED TO CHILDREN/TEENS - Lunch &amp; Supper Only</b>		
1	2	3
4	5	6
# of milks returned to inventory:		
Date:	Meal Type: Breakfast    Snack    Lunch    Supper	Serving Time:
<b>1st MEALS SERVED TO CHILDREN/TEENS - cross off number as each child/teen receives a meal</b>		
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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
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52	53	54
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