Georgia Department of Education

School Nutrition Division

# NUMBER OF BREAKFASTS SERVED DAILY

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
|  | **Reimbursable Student Breakfasts** | **Non-Reimbursable Breakfasts** | Grand Total  | **General Data** |
| DayofMonth(1) | Paid(2) | Free(3) | Reduced Price(4) | Total(Columns 2+3+4)(5) | AdultPaid(6) | Other(7) | Reimbursable andNon-Reimbursable Breakfasts(Columns 5-7)(8) | Value ofUSDA Food Used in Breakfasts(9) | Value of PurchasedFood Usedin Breakfasts(10) |
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| **Totals** |  |  |  |  |  |  |  |  |  |

I certify that to the best of my knowledge and belief, these meal counts are true and correct in all respects; that they were made in accordance with approved system meal accountability procedures; that they have been adjusted in accordance with results of edits; that records are available to support this claim; that it is in accordance with the terms of existing agreement(s); and that payment therefore has not been received.

MGR/PROGRAM DIR DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DE FORM 0112, Revised August 2016 (All Previous revisions are obsolete.)

This institution is an equal opportunity provider and employer.