|  |  |
| --- | --- |
| **Site Name:** | **Site Supervisor’s Name:** |
| **Meal Type *(circle all that apply)*:** Breakfast Lunch AM Snack PM Snack Supper  |
| **Number of days of meals distributed:**  |
| **Meal Service Date:** | **Intended dates of meal consumption:** |

**Instructions:** mark through each number beginning with 001 as a meal is served. (~~001~~)

**Reimbursable Meals** *(first meals served to children)*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 001 | 018 | 035 | 052 | 069 | 086 | 103 | 120 | 137 | 154 | 171 | 188 |
| 002 | 019 | 036 | 053 | 070 | 087 | 104 | 121 | 138 | 155 | 172 | 189 |
| 003 | 020 | 037 | 054 | 071 | 088 | 105 | 122 | 139 | 156 | 173 | 190 |
| 004 | 021 | 038 | 055 | 072 | 089 | 106 | 123 | 140 | 157 | 174 | 191 |
| 005 | 022 | 039 | 056 | 073 | 090 | 107 | 124 | 141 | 158 | 175 | 192 |
| 006 | 023 | 040 | 057 | 074 | 091 | 108 | 125 | 142 | 159 | 176 | 193 |
| 007 | 024 | 041 | 058 | 075 | 092 | 109 | 126 | 143 | 160 | 177 | 194 |
| 008 | 025 | 042 | 059 | 076 | 093 | 110 | 127 | 144 | 161 | 178 | 195 |
| 009 | 026 | 043 | 060 | 077 | 094 | 111 | 128 | 145 | 162 | 179 | 196 |
| 010 | 027 | 044 | 061 | 078 | 095 | 112 | 129 | 146 | 163 | 180 | 197 |
| 011 | 028 | 045 | 062 | 079 | 096 | 113 | 130 | 147 | 164 | 181 | 198 |
| 012 | 029 | 046 | 063 | 080 | 097 | 114 | 131 | 148 | 165 | 182 | 199 |
| 013 | 030 | 047 | 064 | 081 | 098 | 115 | 132 | 149 | 166 | 183 | 200 |
| 014 | 031 | 048 | 065 | 082 | 099 | 116 | 133 | 150 | 167 | 184 | **TOTAL** |
| 015 | 032 | 049 | 066 | 083 | 100 | 117 | 134 | 151 | 168 | 185 |  |
| 016 | 033 | 050 | 067 | 084 | 101 | 118 | 135 | 152 | 169 | 186 |  |
| 017 | 034 | 051 | 068 | 085 | 102 | 119 | 136 | 153 | 170 | 187 |  |

**Other Non-Reimbursable Meals** (*second meals served to children and program adults*):

|  |
| --- |
| 1 2 3 4 5 6 7 8 9 10 Total Other Non-Reimbursable Meals: \_\_\_\_\_\_ |

**Adult Paid Meals** (*meals sold to non-program adults*):

|  |
| --- |
| 1 2 3 4 5 6 7 8 9 10 Total Other Non-Reimbursable Meals: \_\_\_\_\_ |

**Notes:**

|  |
| --- |
|  |

By signing below, I certify that the above information is true and accurate:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Signature Date**