Georgia Department of Education

School Nutrition Division

# NUMBER OF BREAKFASTS SERVED DAILY

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Reimbursable Student Breakfasts** | | | | **Non-Reimbursable Breakfasts** | | Grand Total | **General Data** | |
| Day  of  Month  (1) | Paid  (2) | Free  (3) | Reduced Price  (4) | Total  (Columns 2+3+4)  (5) | Adult  Paid  (6) | Other  (7) | Reimbursable  and  Non-Reimbursable Breakfasts  (Columns 5-7)  (8) | Value of  USDA Food Used in Breakfasts  (9) | Value of Purchased  Food Used  in Breakfasts  (10) |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **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.