

DAILY POINT OF SERVICE MEAL COUNT FORM															
Site:				Site LEA:				Meal:				Date:			
Supervisor:								Delivery Time:							
Total meals received/prepared _____ Total meals leftover from previous day + _____ Total meals available = _____															
First meals served to children / = Allowable meals O= Disallowed meals															
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
Complete Second meals served to children															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Meals served to Program adults															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Total Program adult meals															
Meals served to non-Program adults															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Milk from previous day _____								Total First Meals Served							
Milk purchased + _____								Total Disallowed First Meals Served				-			
Milk available = _____								Total Allowed First Meals Served				=			
								Total Second Meals Served				=			
								Total Meals Leftover				=			