

SUMMER FOOD SERVICE PROGRAM

WEEKLY TO CLAIM PERIOD MEAL COUNT FORM

Sponsor Name _____

Claim Period _____

Site Name _____ Site # _____ Site Supervisor _____

Site Address _____

Week	Dates		Breakfast		Snack		Lunch		Supper	
	Start	End	1 st Meal	2 nd Meal						
1										
2										
3										
4										
5										
6										
Total Meals for Claim Period										