Attachment 22

Weekly to Claim Period Meal Count Form

Sponsor Name: _____ Claim Period: _____

Site Name: _____ Site LEA: _____

Site Address: _____ Site Supervisor: _____

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