

**SUMMER FOOD SERVICE PROGRAM FOR CHILDREN  
SITE DAILY/WEEKLY MEAL COUNT FORM**

Sponsor Name \_\_\_\_\_ Week of \_\_\_\_\_

Site Name \_\_\_\_\_ LEA# \_\_\_\_\_

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		WEEKLY TOTALS	
<b>Meal Types (Circle)</b> Breakfast AM Snack Lunch PM Snack Supper												
Meals delivered/prepared												
Meals held over from previous day												
Total meals available for service												
Meals served to children as firsts (See POS Count Form)												
Meals served to children as seconds (See POS Count Form)												
Meals served to program adults												
Meals served to non-Program Adults												
Meals held over for next day												
Meals discarded												
Incomplete meals												

**I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.**

**SITE SUPERVISOR'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_