

Site Daily/Weekly Meal Count

Sponsor Name _____ Week of _____ Meal type _____

Site Name _____ LEA Code: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Totals
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 _____