

MEAL COUNT RECORD

Provider Signature: _____

All the information submitted in this claim is true and correct. I understand that this information is being given in receipt of federal funds and that deliberate misrepresentation of the information may subject me to prosecution under applicable state or federal law.



Provider#: _____ Split Shift: Y N Capacity: _____ Month/Yr: _____

Day of Week/Day of Month (circle if no school)		No School	No School	No School	No School	No School
BREAKFAST	Fruit or Vegetable					
	Grain/Meat/Meat Alt					
	Milk <input type="checkbox"/> Check box if served	<input type="checkbox"/> Whole(1-2) and/or 1% or skim (2&over)	<input type="checkbox"/> Whole(1-2) and/or 1% or skim (2&over)	<input type="checkbox"/> Whole(1-2) and/or 1% or skim (2&over)	<input type="checkbox"/> Whole(1-2) and/or 1% or skim (2&over)	<input type="checkbox"/> Whole(1-2) and/or 1% or skim (2&over)
AM	Serve 2 components (write in types of milk, if served)	/	/	/	/	/
LUNCH	Meat/Meat Alt					
	Vegetable					
	Fruit or Vegetable					
	Grains					
	Milk <input type="checkbox"/> Check box if served	<input type="checkbox"/> Whole(1-2) and/or 1% or skim (2&over)	<input type="checkbox"/> Whole(1-2) and/or 1% or skim (2&over)	<input type="checkbox"/> Whole(1-2) and/or 1% or skim (2&over)	<input type="checkbox"/> Whole(1-2) and/or 1% or skim (2&over)	<input type="checkbox"/> Whole(1-2) and/or 1% or skim (2&over)
PM	Serve 2 components (write in types of milk, if served)	/	/	/	/	/
DINNER/SUPPER	Meat/Meat Alt					
	Vegetable					
	Fruit or Vegetable					
	Grains					
	Milk <input type="checkbox"/> Check box if served	<input type="checkbox"/> Whole(1-2) and/or 1% or skim (2&over)	<input type="checkbox"/> Whole(1-2) and/or 1% or skim (2&over)	<input type="checkbox"/> Whole(1-2) and/or 1% or skim (2&over)	<input type="checkbox"/> Whole(1-2) and/or 1% or skim (2&over)	<input type="checkbox"/> Whole(1-2) and/or 1% or skim (2&over)
EVE	Serve 2 components (write in types of milk, if served)	/	/	/	/	/

Child's Name _____ Age _____ Claim up to 3 meals per child—one being a snack B=Breakfast A=AM Sn. L=Lunch P= PM Sn. D=Dinner/Supper E=Eve Sn.

		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E

For office use only		Tier I	Tier II
Tier I Attendance			
Tier II Attendance			
Tier I - B	AM	L	PM
Tier II - B	AM	L	PM