

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
 SUMMER FOOD SERVICE PROGRAM,
 WEEKLY MEAL COUNT SUMMARY

Sponsor Name: _____

Agreement Number: _____

Site: _____

Address: _____

Week of: _____

Telephone: () _____

Meal: _____

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
Date								
Number of milks recycled from prior day								
Number of meals left over from prior day								
Number of meals delivered/prepared								
Number of first meals served to children								
Number of second meals served to children								
Number of meals served to Program adults								
Number of meals served to Non-Program adults								
Number of meals transferred								
Damaged/spoiled meals								
Meals leftover								
Number of milks recycled from prior day								

Meal: _____

	Sun	Mon	Tues	Wed.	Thurs.	Fri	Sat	Sun
Date								
Number of milks recycled from prior day								
Number of meals left over from prior day								
Number of meals delivered/prepared								
Number of first meals served to children								
Number of second meals served to children								
Number of meals served to Program adults								
Number of meals served to Non-Program adults								
Number of meals transferred								
Damaged/spoiled meals								
Meals leftover								
Number of milks recycled from prior day								

I certify that the adult meals served without charge are meals served to adult staff members who work in the food service program and that all other information is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal criminal statutes.

Date

Sponsor/Site Supervisor's Signature