North Carolina Department of Health and Human Services
Division of Public Health, Women's & Children's Health Section
Special Nutrition Programs
Summer Food Service Program
Monthly Meal Count - Consolidation Form of First (1st) and Second (2nd) Meals Served
Claim Period: _____ to _____

Agreement Number_____

Site	**Breakfast**		**Lunch**		**Snack**		**Supper**	
	1st Meal	2nd Meal	1st Meal	2nd Meal	1st Meal	2nd Meal	1st Meal	2nd Meal
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
TOTAL								

Meal Type	**(A) Total 1st Meals Served**	**(B) Total 2nd Meals Served**	**(C) 2nd Meal Limitation (.02 x A)**	**(D) Allowable 2nd Meals – Lesser of (B) or (C)**	**(E) Allowable Total Meals (A) + (D)**
Breakfast					
Lunch					
Snack					
Supper					