

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

Site Name _____

Address: _____

Week of: _____

Agreement # _____

Meal: _____

Sun Mon Tues Wed Thurs Fri Sat Total

Date								
Number of meals available [1a]								
Number of milks recycled from prior day [1b]								
Number of first meals served to children [2]								
Number of second meals served to children [3]								
Number of meals served to Program adults [5]								
Number of meals served to Non-Program adults [6]								
Number of meals transferred								
Damaged/spoiled meals [7]								
Meals leftover [9]								

Week of: _____

Meal: _____

Sun Mon Tues Wed. Thurs Fri Sat Total

Date								
Number of meals available [1a]								
Number of milks recycled from prior day [1b]								
Number of first meals served to children [2]								
Number of second meals served to children [3]								
Number of meals served to Program adults [5]								
Number of meals served to Non-Program adults [6]								
Number of meals transferred								
Damaged/spoiled meals [7]								
Meals leftover [9]								

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.

 Sponsor's Signature

 Date