

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
 NUTRITION SERVICES BRANCH
 SPECIAL NUTRITION PROGRAMS
 SUMMER FOOD SERVICE PROGRAM

MONTHLY SUMMARY RECORD OF FIRST AND SECOND MEALS SERVED

Sponsor Name: _____

Agreement Number: _____

Claim Month and Year: _____

(Enter each site on a separate line.)

Site	Breakfast		Lunch		Supplements		Supper	
	1 st Meal	2 nd Meal	1 st Meal	2 nd Meal	1 st Meal	2 nd Meal	1 st Meal	2 nd Meal
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
Total								

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

**THIS FORM MUST BE SUBMITTED WITH THE CLAIM FOR REIMBURSEMENT (DHHS SFSP 3)
 OR KEPT ON FILE IF SUBMITTING ELECTRONICALLY.**