

CONTINUATION PAGE FOR DAILY MEAL COUNT FORM	
Site Name:	Date:
First Meals Served to Children (cross off number as each child receives a meal):	
151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170	
171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190	
191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210	
211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230	
231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250	
Total First Meals +	<input type="checkbox"/>
Second meals served to children:	
11 12 13 14 15 16 17 18 19 20	
Total Second Meals +	<input type="checkbox"/>
Meals served to Program adults:	
11 12 13 14 15 16 17 18 19 20	
Total Program Adult Meals +	<input type="checkbox"/>
Meals served to non-Program adults:	
11 12 13 14 15 16 17 18 19 20	
Total non-Program Adult Meals +	<input type="checkbox"/>
TOTAL MEALS SERVED =	
<input type="checkbox"/>	
Total damaged/incomplete/other non-reimbursable meals +	
<input type="checkbox"/>	
Total leftover meals +	
<input type="checkbox"/>	
Total of items:	
<input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> = <input type="checkbox"/>	
(Item <input type="checkbox"/> should be equal to item <input type="checkbox"/> on the front side of the page)	
Number of additional children requesting a meal after all available meals were served:	
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	