

**5 DAY CONSOLIDATED MEAL COUNT**

Site Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Week Of: \_\_\_\_\_

MEAL TYPE:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL
1. NUMBER OF MEALS RECEIVED/PREPARED						
2. NUMBER OF MEALS AVAILABLE FROM PREVIOUS DAY						
3. NUMBER OF FIRST MEALS SERVED TO CHILDREN						
4. NUMBER OF SECOND MEALS SERVED TO CHILDREN						
5. NUMBER OF MEALS SERVED TO PROGRAM ADULTS						
6. NUMBER OF MEALS SERVED TO NONPROGRAM ADULTS						
7. NUMBER OF INCOMPLETE/DAMAGED MEALS						
8. NUMBER OF LEFTOVER MEALS**						
9. NUMBER OF ADDITIONAL CHILDREN REQUESTING A MEAL AFTER ALL AVAILABLE MEALS WERE SERVED						
10. MONEY COLLECTED/TO BE COLLECTED FOR ADULT MEALS	\$	\$	\$	\$	\$	\$

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SIGNATURE OF SITE SUPERVISOR: \_\_\_\_\_

**\*\*IF YOU ARE ORDERING CAREFULLY, YOU SHOULD HAVE VERY FEW LEFTOVER MEALS!**

Instructions for the Five Day Consolidated Meal Count

This form can be used to record the numbers and types of meals prepared/delivered and served during each day of a 5 day week