

**MICHIGAN DEPARTMENT OF EDUCATION  
SUMMER FOOD SERVICE PROGRAM  
WEEKLY CONSOLIDATED MEAL COUNT FORM**

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

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

Site Supervisor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Week of: \_\_\_\_/\_\_\_\_/\_\_\_\_

Meal Type Circle <b>One</b> Only B L Sn Su	M	T	W	TH	F	SA	SU	Total for Week
	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 non-Program 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								

**Remarks:**

**Signature:**

