

**MICHIGAN DEPARTMENT OF EDUCATION
SEAMLESS SUMMER OPTION
WEEKLY CONSOLIDATED MEAL COUNT FORM**

Site Name: _____

Address: _____

Site Supervisor: _____

Phone Number: _____ Week of: ____/____/____

Meal Type Circle One 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 meals served to children								
4. Number of incomplete/damaged meals								
5. Number of leftover meals								

Comments/Notes:

Signature: