

WEEKLY MEAL COUNT FORM FOR SEAMLESS SUMMER OPTION

School Name:	Meal Type (circle): B L SN SU
Supervisor's Name:	Week of (Date):
Teacher's Name:	Room Number:

Meals Served to Students (cross off number as each student receives a meal)

Monday	Total Meals Available:	Leftover Meals:	Total Served:
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15			
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30			
31 32 33 34 35 36 37 38 39 40 41 42 43 44 45			
Tuesday	Total Meals Available:	Leftover Meals:	Total Served:
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15			
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30			
31 32 33 34 35 36 37 38 39 40 41 42 43 44 45			
Wednesday	Total Meals Available:	Leftover Meals:	Total Served:
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15			
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30			
31 32 33 34 35 36 37 38 39 40 41 42 43 44 45			
Thursday	Total Meals Available:	Leftover Meals:	Total Served:
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15			
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30			
31 32 33 34 35 36 37 38 39 40 41 42 43 44 45			
Friday	Total Meals Available:	Leftover Meals:	Total Served:
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15			
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30			
31 32 33 34 35 36 37 38 39 40 41 42 43 44 45			

TOTAL WEEKLY MEALS SERVED =

By signing below, I certify that the above information is true and accurate.

SIGNATURE:

DATE:

Daily Meal Count Form Instructions

Each day, each classroom must take a meal count at every point of service. Cross out a number as students pass through the meal service line and receive a complete, reimbursable meal. Fill out the total meals available, leftover meals and total meals served each day. Counting and documenting meals as the student receives the meal is a federal requirement.

The form should be signed by the teacher.

Correct: 1 2 3 4 5 **Incorrect:** 1 2 3 4 5