

Summer Food Service Program (SFSP) Daily Meal Count Form

Site: _____ Meal (circle one): Breakfast Snack Lunch Snack Supper

Site Supervisor: _____ Congregate Meal Service Non-Congregate Meal Service

Date: _____ # meals received/prepared _____

Delivery time: _____ # meals carried over from prior meal service day + _____

Time first meal served: _____ # meals transferred from other site(s) + _____

Time last meal served: _____ Total meals available = _____

First Meals to Children:

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	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150	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

Disallowed Meals to Children:

(Indicate by tally marks)

Second Meals to Children (Congregate Only):

(Indicate by tally marks)

Meals to Food Service Adults:

(Indicate by tally marks)

Meals to Paid Adults:

(Indicate by tally marks)

Meals to Other Gratis Adults:

(Indicate by tally marks)

\$ _____ x _____ = _____
 Adult Meal Charge Paid & Other Gratis Total Payment Received
 Adult Meals

If money not received for Other Adult Meals explain why:

Total **First Meals** _____

Total **Disallowed Meals** (Incomplete/Damaged) - _____

Total First Meals to be Claimed = _____

Total **Second Meals** (Congregate Only) + _____

Total **Food Service Adult Meals** + _____

Total **Paid Adult Meals** + _____

Total **Other Gratis Adult Meals** + _____

Total **Meals Served** (Children and Adults) = _____

Total Meals Transferred to Other Site _____

Total Meals Not Served/Leftover _____

I certify that the above information is true and accurate.

Signature of Meal Checker

Date

Summer Food Service Program (SFSP)

Daily Meal Count Form

First Meals to Children, continued

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	251	252	253	254	255	256
257	258	259	260	261	262	263	264	265	266	267	268	269	270
271	272	273	274	275	276	277	278	279	280	281	282	283	284
285	286	287	288	289	290	291	292	293	294	295	296	297	298
299	300	301	302	303	304	305	306	307	308	309	310	311	312
313	314	315	316	317	318	319	320	321	322	323	324	325	326
327	328	329	330	331	332	333	334	335	336	337	338	339	340
341	342	343	344	345	346	347	348	349	350	351	352	353	354
355	356	357	358	359	360	361	362	363	364	365	366	367	368
369	370	371	372	373	374	375	376	377	378	379	380	381	382
383	384	385	386	387	388	389	390	391	392	393	394	395	396
397	398	399	400	401	402	403	404	405	406	407	408	409	410
411	412	413	414	415	416	417	418	419	420	421	422	423	424
425	426	427	428	429	430	431	432	433	434	435	436	437	438
439	440	441	442	443	444	445	446	447	448	449	450	451	452
453	454	455	456	457	458	459	460	461	462	463	464	465	466
467	468	469	470	471	472	473	474	475	476	477	478	479	480
481	482	483	484	485	486	487	488	489	490	491	492	493	494
495	496	497	498	499	500	501	502	503	504	505	506	507	508
509	510	511	512	513	514	515	516	517	518	519	520	521	522
523	524	525	526	527	528	529	530	531	532	533	534	535	536
537	538	539	540	541	542	543	544	545	546	547	548	549	550
551	552	553	554	555	556	557	558	559	560	561	562	563	564
565	566	567	568	569	570	571	572	573	574	575	576	577	578
579	580	581	582	583	584	585	586	587	588	589	590	591	592
593	594	595	596	597	598	599	600	601	602	603	604	605	606