# SUMMER FOOD SERVICE PROGRAM
# Meal Count (Weekly Consolidated)

Site Name: _____

Address And Phone Number:_____

Site Supervisor:_____Week of: _____/_____/_____

| Meal Type: (Circle) B L Sn Su | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | 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 of Site Supervisor: