

## Weekly Consolidated Meal Counts

Sponsor Name: \_\_\_\_\_ Email/Phone: \_\_\_\_\_

Site and Supervisor Name: \_\_\_\_\_ Week Of: \_\_\_\_\_

Meal Type:     Breakfast     Lunch     Snack     Supper

Meal Counts	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
Number of meals received/prepared								
Number of meals available from previous day								
Number of first meals served to children								
Number of second meals served to children (not for camps/SSO sites)								
Number of meals served to program adults								
Number of meals served to non-Program adults								
Number of non-reimbursable, incomplete, or damaged meals								
Number of leftover meals								
Number of additional children requesting a meal after all available meals were served								
Money collected/to be collected for adult meals								

Signature of Site Supervisor: \_\_\_\_\_

Remarks:

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Remarks:

## **Instructions for Weekly Consolidated Meal Count Form**

1. Use this form to consolidate the daily meal count information. Transfer information for this form from the Daily Meal Count Form.
2. Sponsors may use other methods to consolidate daily meal counts, such as using Excel.
3. Use a separate consolidated meal count form for each meal type.
4. When completed, this form must be signed and dated by the Site Supervisor.