



Daily Meal Count Form

CEP/Non-Base Year Provision 2

School Nutrition Programs (SNP)

Directions: Use a separate copy of this form for each meal service. Be sure to count meals as they are served to students (not before or after). Counts based on attendance or pre-orders are not acceptable.

1. Sponsor Name:	Date:																				
2. Site Name/Location:	Circle Meal Type: Breakfast Lunch Snack																				
3. Site Supervisor's Name:																					
5. FIRST MEALS SERVED TO CHILDREN: Cross out the appropriate number as each student receives the complete meal. Circle last number crossed out. Do not include second meals or meals served to adults in this section.																					
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		
Total Meals Served (last count from above)																				=	
Comments:																					
I certify that the above information is true and correct:																					
Signature of Site Supervisor: _____															Date: _____						

This institution is an equal opportunity provider.