

WEEKLY MEAL COUNT FORM FOR USE IN CEP SCHOOLS

School Name:	Meal Type (circle): B L
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 Served:																																													
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TOTAL MEALS SERVED =

Meals served to *paying* adults

1 2 3 4 5 6 7 8 9 10

Total Adult Meals =

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. The form also should be used to count meals served to paying adults. It is very important that documentation of meal counts contain all the items listed in the form for the Director to track and control food service at each school.

The form should be signed by the teacher.

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