

# RECORD OF MEALS SERVED

Center Name \_\_\_\_\_ Classroom Name \_\_\_\_\_ Year \_\_\_\_\_

This form or a similar one should be maintained daily for each site. Do not mail a copy of this worksheet to the State Office.	Code	<b>Monday</b>					<b>Tuesday</b>					<b>Wednesday</b>					<b>Thursday</b>					<b>Friday</b>				
		<b>Date:</b>					<b>Date:</b>					<b>Date:</b>					<b>Date:</b>					<b>Date:</b>				
<b>First &amp; Last Name of Child</b>		B	AM	L	PM	SU	B	AM	L	PM	SU	B	AM	L	PM	SU	B	AM	L	PM	SU	B	AM	L	PM	SU
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		B	AM	L	PM	SU	B	AM	L	PM	SU	B	AM	L	PM	SU	B	AM	L	PM	SU	B	AM	L	PM	SU
<b>Total Paid</b>																										
<b>Total Free</b>																										
<b>Total Reduced</b>																										

	<b>Breakfast</b>	<b>Lunch</b>	<b>Snack</b>	<b>Supper</b>
<b>Page</b>	<b>Paid</b>			
<b>Total</b>	<b>Free</b>			
	<b>Reduced</b>			