

Summer Food Service Program

Meal Count – Consolidation Form of First and Second Meals Served

Sponsor Name: _____ Claim Period: _____ to _____

Site Number: _____ Site Name: _____	Breakfast		Lunch		Snack		Supper	
Day of the Month (Example – July 1, 2, 3)	1 st Meal	2 nd Meal	1 st Meal	2 nd Meal	1 st Meal	2 nd Meal	1 st Meal	2 nd Meal
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
TOTALS								
SUMMARY								
Meal Type	(A) Total 1 st Meals Served & Claimed	(B) Total 2 nd Meals Served & Claimed	(C) 2 nd Meal/Snack Limitation (.02 x A)	(D) Allowable 2 nd Meals/Snacks – Lesser of (B) or (C)	(E) Allowable Total Meals/Snacks (A) + (D)			
Breakfast								
Lunch								
Snack								
Supper								