

Provider's Name _____

Claim Month/Year _____

MEAL COUNT FORM

Total claimed \$ _____

Daily Attendance Totals		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	Monthly Totals				
Child's First/Last Name																																			B=		
																																			L=		
DOB																																			Sn=		
																																			S=		
DOB																																			B=		
																																			L=		
DOB																																			Sn=		
																																				S=	
DOB																																				B=	
																																				L=	
DOB																																				Sn=	
																																				S=	
DOB																																				B=	
																																				L=	
DOB																																				Sn=	
																																				S=	
DOB																																				B=	
																																				L=	
DOB																																				Sn=	
																																				S=	
Daily totals on first page only																																			Grand Totals		
Breakfast daily total:																																			Breakfast		
AM snack daily total:																																			AM Snack		
Lunch daily total:																																			Lunch		
PM snack daily total:																																			PM Snack		
Supper daily total:																																			Supper		
Ev snack daily total:																																			Ev Snack		