Provider's Name ______________________________
Claim Month/Year ____________________________

Total claimed $______________

MEAL COUNT FORM

Daily Attendance Totals																																
Child's First/Last Name	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**
																																B=
																																L=
																																Sn=
DOB																																S=
																																B=
																																L=
																																Sn=
DOB																																S=
																																B=
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DOB																																S=
																																B=
																																L=
																																Sn=
DOB																																S=
Daily totals on first page only	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	*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**

Meal Count Key **B- Breakfast** **AM-AM Snack** **L-Lunch** **PM-PM Snack** **S-Supper** **E-Evening Snack**