



Summer Food Service Program
Monthly Consolidated Meal Count Form Including First (1st) and Second (2nd) Meals Served
Claim Period: _____ to _____

Site Name:	Breakfast		Lunch		Snack		Supper	
Day of the Month: (Example – July 1 st , 2 nd , 3 rd)	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.								
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16.								
17.								
18.								
19.								
20.								
21.								
22.								
23.								
24.								
25.								
TOTALS								
SUMMARY								
Meal Type	(A) Total 1 st Meals Served & Claimed		(B) Total 2 nd Meals Served & Claimed		Supervisor Signature Date			
Breakfast								
Lunch								
Snack								
Supper								