

Daily Meal Service

ATKINSON COUNTY SCHOOL FOOD/SNACK SERVICE DAILY MEAL COUNT FORM																																																																																																																																																																	
Program/Classroom/Field Trip:	Meal Type: CIRCLE ONE Breakfast Lunch Afterschool Snack																																																																																																																																																																
Serving School:	Date:																																																																																																																																																																
Name of Activity Supervisor or Teacher: Pick up/Delivery Time:																																																																																																																																																																	
First Meal Served to Student (cross off number as each student receives a meal): <table style="width: 100%; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr> <tr><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td>32</td><td>33</td><td>34</td><td>35</td><td>36</td><td>37</td><td>38</td><td>39</td><td>40</td></tr> <tr><td>41</td><td>42</td><td>43</td><td>44</td><td>45</td><td>46</td><td>47</td><td>48</td><td>49</td><td>50</td><td>51</td><td>52</td><td>53</td><td>54</td><td>55</td><td>56</td><td>57</td><td>58</td><td>59</td><td>60</td></tr> <tr><td>61</td><td>62</td><td>63</td><td>64</td><td>65</td><td>66</td><td>67</td><td>68</td><td>69</td><td>70</td><td>71</td><td>72</td><td>73</td><td>74</td><td>75</td><td>76</td><td>77</td><td>78</td><td>79</td><td>80</td></tr> <tr><td>81</td><td>82</td><td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td>92</td><td>93</td><td>94</td><td>95</td><td>96</td><td>97</td><td>98</td><td>99</td><td>100</td></tr> <tr><td>101</td><td>102</td><td>103</td><td>104</td><td>105</td><td>106</td><td>107</td><td>108</td><td>109</td><td>110</td><td>111</td><td>112</td><td>113</td><td>114</td><td>115</td><td>116</td><td>117</td><td>118</td><td>119</td><td>120</td></tr> <tr><td>121</td><td>122</td><td>123</td><td>124</td><td>125</td><td>126</td><td>127</td><td>128</td><td>129</td><td>130</td><td>131</td><td>132</td><td>133</td><td>134</td><td>135</td><td>136</td><td>137</td><td>138</td><td>139</td><td>140</td></tr> <tr><td>141</td><td>142</td><td>143</td><td>144</td><td>145</td><td>146</td><td>147</td><td>148</td><td>149</td><td>150</td><td colspan="2">*Total</td><td colspan="8"></td></tr> </table>		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	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	*Total									
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Second meals served to children: <table style="width: 100%; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> </table>		1	2	3	4	5	6	7	8	9	10																																																																																																																																																						
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Note to Manager:																																																																																																																																																																	
By signing below, I certify that the above information is true and accurate: <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> </div>																																																																																																																																																																	
Signature of Activity Supervisor or Teacher	Date																																																																																																																																																																

*Reimbursable Meals Served _____ *determined by tally total Leftover / Returned Meals _ _____

TOTAL MEALS SERVED MUST BE REPORTED DAILY TO CAFETERIA MANAGER

FORM MUST BE MAINTAINED ON FILE IN SERVING AREA AND SCHOOL CAFETERIA AND MUST BE AVAILABLE FOR REVIEW UPON REQUEST OF DISTRICT SCHOOL NUTITION SUPERVISOR OR CAFETERIA MANAGER

MANAGER COMPLETES THIS SECTION: _____ **Number of meals prepared**
Signature _____ **Date** _____ **Number of snacks prepared**