

DAILY MEAL COUNT FORM (MOBILE FEEDING ONLY)										Attachment 18A	
Supervisor Name:					Meal Type:						
Date:					Telephone #:						
Meals received/prepared			(+)			Meals received from previous day			(-) Total meals available		
First Meals Served to Children (cross off number as each child receives a meal)											
List each mobile site (stop) name and meal delivery time in the shaded boxes below.											
Mobile Site Name		Mobile Site Name		Mobile Site Name		Mobile Site Name		Mobile Site Name			
Max Meals		Max Meals		Max Meals		Max Meals		Max Meals			
Delivery Time		Delivery Time		Delivery Time		Delivery Time		Delivery Time			
1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12			
13 14 15 16 17 18 19 20		13 14 15 16 17 18 19 20		13 14 15 16 17 18 19 20		13 14 15 16 17 18 19 20		13 14 15 16 17 18 19 20			
21 22 23 24 25 26 27 28		21 22 23 24 25 26 27 28		21 22 23 24 25 26 27 28		21 22 23 24 25 26 27 28		21 22 23 24 25 26 27 28			
29 30 31 32 33 34 35 36		29 30 31 32 33 34 35 36		29 30 31 32 33 34 35 36		29 30 31 32 33 34 35 36		29 30 31 32 33 34 35 36			
37 38 39 40 41 42 43 44		37 38 39 40 41 42 43 44		37 38 39 40 41 42 43 44		37 38 39 40 41 42 43 44		37 38 39 40 41 42 43 44			
45 46 47 48 49 50 51 52		45 46 47 48 49 50 51 52		45 46 47 48 49 50 51 52		45 46 47 48 49 50 51 52		45 46 47 48 49 50 51 52			
53 54 55 56 57 58 59 60		53 54 55 56 57 58 59 60		53 54 55 56 57 58 59 60		53 54 55 56 57 58 59 60		53 54 55 56 57 58 59 60			
61 62 63 64 65 66 67 68		61 62 63 64 65 66 67 68		61 62 63 64 65 66 67 68		61 62 63 64 65 66 67 68		61 62 63 64 65 66 67 68			
69 70 71 72 73 74 75 76		69 70 71 72 73 74 75 76		69 70 71 72 73 74 75 76		69 70 71 72 73 74 75 76		69 70 71 72 73 74 75 76			
77 78 79 80 81 82 83 84		77 78 79 80 81 82 83 84		77 78 79 80 81 82 83 84		77 78 79 80 81 82 83 84		77 78 79 80 81 82 83 84			
85 86 87 88 89 90 91 92		85 86 87 88 89 90 91 92		85 86 87 88 89 90 91 92		85 86 87 88 89 90 91 92		85 86 87 88 89 90 91 92			
93 94 95 96 97 98 99 100		93 94 95 96 97 98 99 100		93 94 95 96 97 98 99 100		93 94 95 96 97 98 99 100		93 94 95 96 97 98 99 100			
Second Meals Served to Children (cross off number as each child receives a meal)											
1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12			
13 14 15 16 17 18 19 20		13 14 15 16 17 18 19 20		13 14 15 16 17 18 19 20		13 14 15 16 17 18 19 20		13 14 15 16 17 18 19 20			
Meals Served to Program Adults (cross off number as each adult receives a meal)											
1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12			
13 14 15 16 17 18 19 20		13 14 15 16 17 18 19 20		13 14 15 16 17 18 19 20		13 14 15 16 17 18 19 20		13 14 15 16 17 18 19 20			
Meals Served to Non-Program Adults (cross off number as each adult receives a meal)											
1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12			
13 14 15 16 17 18 19 20		13 14 15 16 17 18 19 20		13 14 15 16 17 18 19 20		13 14 15 16 17 18 19 20		13 14 15 16 17 18 19 20			
Total First Meals Served											
Total Second Meals Served											
Total Program Adult Meals Served											
Total damaged/incomplete/other non-reimbursable meals											
Total leftover meals*											
Number of recycled milk* from today's meal service											
*Recycled milk is served milk that is unopened and retrieved for reservice.											
* If there is an excess of leftover meals, notify the sponsor to reduce the total meals delivered based on average daily attendance of 1 <sup>st</sup> meals served											
By signing below, I certify that the above information is a true and accurate record, and I was present during the entire meal service. I further certify meals were only claimed based on point of service for complete eligible meals served to eligible participants in attendance that consumed meals on site.											
Stie Supervisor Signature:					Date:						