



ADAM H. PUTNAM  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Food, Nutrition and Wellness

SFSP DAILY MEAL COUNT REPORT

**\*\*NOTE\*\*:** This form may only be used after you have submitted an approved meal counting procedure to the state agency.

Sponsor \_\_\_\_\_ Agreement # 04- \_\_\_\_\_

Site Number/Name: \_\_\_\_\_ Site Supervisor: \_\_\_\_\_

Meal Type (circle one):      **BREAKFAST**      **AM SNACK**      **LUNCH**      **PM SNACK**      **SUPPER**

Meal Service Reporting									Instructions
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Weekly Total	
A. # of Meals Delivered/ Prepared									<b>Block A:</b> Record number of meals delivered/prepared. <b>Block B:</b> Record number of leftover meals. <b>Block C:</b> Record number of meals transferred FROM. <b>Block D:</b> Record number of meals transferred TO. <b>Block E:</b> Calculate number of TOTAL meals available. <b>Block F:</b> Record test meal and initial. <b>Block G:</b> Record number of FIRST meals served. <b>Block H:</b> Record number of SECOND meals served. <b>Block I:</b> Calculate total meals to CLAIM. <b>Block J:</b> Record number of meals to PROGRAM ADULTS. <b>Block K:</b> Record number of meals to NON-PROGRAM ADULTS. <b>Block L:</b> Record number of discarded meals. <b>Block M:</b> Calculate TOTAL MEALS SERVED. <b>Block N:</b> Calculate total number of meals LEFTOVER.
B. # of Meals Leftover from Previous Day									
C. # of Meals TRANSFERRED FROM Another Site									
D. # of Meals TRANSFERRED TO Another Site									
E. TOTAL Number of Meals Available (A+B+C-D)									
F. Test Meal (1 per meal service) Initial: _____									
G. # of FIRST Meals Served to Children									
H. # of SECOND Meals Served to Children									
I. TOTAL Number of Meals to Claim (F+G+H)									
J. # of Meals Served to PROGRAM Adults									
K. # of Meals Served to NON-PROGRAM Adults									
L. # of Meals Discarded									
M. Total Meals Served (I+J+K+L)									
N. Total Number of Meals Leftover (E-M)									
<b>Meal Service Comments</b>									<b>Site Supervisor Verification</b>  _____ I hereby certify that the above information is true and correct without any deliberate misrepresentation.  This form must be signed.