



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

A copy of this form must be maintained at the site for the duration of program operation.

ADAM H. PUTNAM
 COMMISSIONER

SFSP SITE SUPERVISOR'S RECORD OF MEALS SERVED FORM

Sponsor Name: _____ Agreement # 04- _____

Site Number/Name: _____ Site Supervisor: _____

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

Month: _____

Date	Day	# of Meals Delivered/ Prepared ¹ A	# of Meals Leftover from PREVIOUS Day ¹ A	# of FIRST Meals Served ¹ B	# of SECOND Meals ¹ D	# of Test Meals ¹ H	# of Damaged Meals ¹ I	# of Meals Leftover ¹ K
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							
	Monday							
	Tuesday							
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	Saturday							
	Sunday							
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							

Comments: _____

Site Supervisor's Signature

I hereby certify that the above information is true and correct without any deliberate misrepresentation.

This form must be signed.

¹Letter corresponds to SFSP Daily Meal Count Record.