WEEKLY CONSOLIDATED MEAL COUNTS								
SITE NAME:	ADDRESS AND PHONE NUMBER:							
SITE SUPERVISOR:	WEEK OF:							
MEAL TYPE (SELECT): ☐ B ☐ L ☐ SN ☐ SU	MON	TUES	WED	THURS	FRI	SAT	SUN	WEEKLY TOTAL:
1. Number of meals received/prepared								
2. Number of meals available from previous day								
3. Number of first meals served to children								
4. Number of 2nd meals served to children*								
5. Number of meals served to Program adults								
6. Number of meals served to non-Program adults								
7. Number of non-reimbursable, incomplete, or damaged meals								
8. Number of leftover meals								
9. Number of additional children requesting a meal after all available meals were served								
10. Money collected/to be collected for adult meals								
REMARKS:	SIGNATURE OF SITE SUPERVISOR:							

*Not documented by Camps and Seamless Summer Option Sites

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Instructions for Weekly Consolidated Meal Count Form

1. Use this form to consolidate the daily meal count information.
2. Use a separate consolidated meal count form for each meal type.
3. Transfer the information for this form from the Daily Meal Count Form.
4. Information for Item 10, Money Collected/To Be Collected for Adult Meals is not collected on the Daily Meal Count form.
5. When completed, this form must be signed and dated by the Site Supervisor.