

Summer Food Service Program (SFSP)

WEEKLY MEAL COUNT CONSOLIDATION

Complete this form for each SFSP site at the end of each week and submit to the SFSP sponsor.

Site: _____ Signature of Site Supervisor: _____
Address: _____
Week of: _____ Phone: _____

Meal: _____

Number of meals leftover from prior day:
Number of meals delivered/prepared:
Number of first meals served to children:
Number of second meals served to children:
Number of meals served to program adults:
Number of meals served to non-program adults:
Incomplete/damaged/spoiled meals:
Meals leftover:
Additional children requesting a meal after all available meals served:
Money collected for adult meals:

Table with 6 columns: M, T, W, TH, F, TOTAL. Rows for various meal count categories. The 'Meals leftover' row has a green shaded diagonal cell in the TOTAL column.

Meal: _____

Number of meals leftover from prior day:
Number of meals delivered/prepared:
Number of first meals served to children:
Number of second meals served to children:
Number of meals served to program adults:
Number of meals served to non-program adults:
Damaged/spoiled meals:
Meals leftover:
Additional children requesting a meal after all available meals served:
Money collected for adult meals:

Table with 6 columns: M, T, W, TH, F, TOTAL. Rows for various meal count categories. The 'Meals leftover' row has a green shaded diagonal cell in the TOTAL column.

Site Supervisor's comments: _____

SFSP WEEKLY MEAL COUNT CONSOLIDATION, continued

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- (2) fax: (202) 690-7442;
- (3) email: program.intake@usda.gov.

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