

MONTHLY MEAL COUNT RECORD

Classroom Number/Teacher _____

Month/Year _____

Date	AM Snack	Lunch	Supper	Total Daily Attendance	Adults Served		
					B	L	S
1							
2							
3							
4							
5							
6							
7							
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24							
25							
26							
27							
28							
29							
30							
31							
TOTAL				ADA:			