13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 22 32 34 25 26 27 28 23 33 34 35 36 29 30 31 32 33 34	DAILY	MEAL COUNT FORM (MOBILE FEEDING ONLY)			Attachment 18A	
(+) Meals received/prepared (+) Meals received from previous day (+) Total meals available	Supervisor Name:			Meal Type:		
Delivery Time	Date:			Telephone #:		
Mobile Site Name	Meals received/prepared	(+) Meals red	ceived from previous day	(=) Total mea	als available	
Mobile Site Name	First Meals Served to Children (cross off number as each child receives a meal)					
Delivery Time	List each mobile site (stop) name and meal delivery time in the shaded boxes below.					
123 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 13 14	Mobile Site Name	Mobile Site Name	Mobile Site Name	Mobile Site Name	Mobile Site Name	
123 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 13 14						
13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 22 32 24 25 26 27 28 23 30 31 32 33 34 35 36 23 30 31 32 33 34 35 36 23 30 31 32 33 34 35 36 23 30 31 32 33 34 35 36 24 36 47 48 49 50 51 52 25 35 45 55 65 75 85 960 36 16 26 36 46 56 66 76 8 36 16 26 36 46 56 66 76 8 37 78 79 80 81 82 83 84 77 78 79 80 81 82 83 84 77 78 79 80 81 82 83 84 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 89 39 49 59 69 79 89 91 00 85 86 87 88 89 90 91 92 89 39 49 59 69 79 89 91 00 85 86 87 88 89 90 91 92 89 39 49 59 69 79 89 91 00 85 86 87 88 89 90 91 92 80 31 34 35 16 17 18 19 20 31 34 15 16 17 18 19 20 31 34 15 16 17 18 19 20 31 34 15 16 17 18 19 20 31 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 45 4	Delivery Time	Delivery Time	Delivery Time	Delivery Time	Delivery Time	
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37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 66 70 71 72 73 74 75 76 69 70 71 72 73 74 75 76 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 93 94 95 96 97 98 99 100 93 94 95 96 97 98 99 100 93 94 95 96 97 98 99 100 93 94 95 96 97 98 99 100 93 94 95 96 97 98 99 100 94 95 96 97 98 99 100 95 96 97 98 99 100 96 97 98 99 100 97 98 99 100 98 99 99 99 99 99 99 99 99 99 99 99 99 9	21 22 23 24 25 26 27 28	21 22 23 24 25 26 27 28	21 22 23 24 25 26 27 28	21 22 23 24 25 26 27 28	21 22 23 24 25 26 27 28	
45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 69 70 71 72 73 74 75 76 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 93 94 95 96 97 98 99 100 93 94 95 96 97 98 99 100 93 94 95 96 97 98 99 100 93 94 95 96 97 98 99 100 93 94 95 96 97 98 99 100 93 94 95 96 97 98 99 100 93 94 95 96 97 98 99 101 12 12 34 56 78 91 011 12 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 14 14 15 16 17 18 19 20 15 16 17 18 19 20 16 16 26 36 46 56 67 68 16 26 36 46 56 66 76 86 16 26 36 46 56 66 76 88 16	29 30 31 32 33 34 35 36	29 30 31 32 33 34 35 36	29 30 31 32 33 34 35 36	29 30 31 32 33 34 35 36	29 30 31 32 33 34 35 36	
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69 70 71 72 73 74 75 76 69 70 71 72 73 74 75 76 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 77 78 79 80 81 82 83 84 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 85 86 87 88 89 90 91 92 83 94 95 96 97 98 99 100 89 39 49 59 69 79 89 91 100 89 39 49 59 69 79 89 91 101 12 34 5 6 7 89 101 112 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 14 14 15 16 17 18 19 20 15 14 15 16 17 18 19 20 16 15 17 18 19 20 17 18 19 20 18 18 28 84 89 90 91 92 18 85 86 87 88 89 90 91 92 18 18 28 384 177 78 79 80 81 82 83 84 177 78 79 80 81 82 83 84 177 78 79 80 81 82 83 84 177 78 79 80 81 82 83 84 17 77 87 98 08 12 90 19 20 49 59 99 90 00 19 39 49 59 69 79 89 90 100 19 39 49 59 69 79 89 90 100 19 314 15 16 17 18 19 20 13 1415 16 17 18 19 20 13 1415 1	53 54 55 56 57 58 59 60	53 54 55 56 57 58 59 60	53 54 55 56 57 58 59 60	53 54 55 56 57 58 59 60	53 54 55 56 57 58 59 60	
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93 94 95 96 97 98 99 100 11 21 12 34 5 67 8 9 10 11 12 12 34 5 67 8 9 10 11 12 13 14 15 16 17 18 19 20 13 14 15 16 17	77 78 79 80 81 82 83 84	77 78 79 80 81 82 83 84	77 78 79 80 81 82 83 84	77 78 79 80 81 82 83 84	77 78 79 80 81 82 83 84	
Second Meals Served to Children (cross off number as each child receives a meal) 123456789101112	85 86 87 88 89 90 91 92	85 86 87 88 89 90 91 92	85 86 87 88 89 90 91 92	85 86 87 88 89 90 91 92	85 86 87 88 89 90 91 92	
123 4 5 6 7 8 9 10 11 12	93 94 95 96 97 98 99 100	93 94 95 96 97 98 99 100	93 94 95 96 97 98 99 100	93 94 95 96 97 98 99 100	93 94 95 96 97 98 99 100	
13 14 15 16 17 18 19 20 Meals Served to Program Adults (cross off number as each adult receives a meal) 12 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 13 14 15 16 17 18 19 20 13 14 15 16 17 18	Second Meals Served to Children (cross off number as each child receives a meal)					
Meals Served to Program Adults (cross off number as each adult receives a meal) 1 2 3 4 5 6 7 8 9 10 11 12	123456789101112	123456789101112	123456789101112	123456789101112	123456789101112	
1 2 3 4 5 6 7 8 9 10 11 12	13 14 15 16 17 18 19 20	13 14 15 16 17 18 19 20	13 14 15 16 17 18 19 20	13 14 15 16 17 18 19 20	13 14 15 16 17 18 19 20	
Meals Served to Non-Program Adults (cross off number as each adult receives a meal) 12 3 4 5 6 7 8 9 10 11 12 12 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 13 14 15 16 1	Meals Served to Program Adults (cross off number as each adult receives a meal)					
Meals Served to Non-Program Adults (cross off number as each adult receives a meal) 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 3 14 15 16 17 18 19 20 1 5 13 14 15 16 17 18 19 20 1 5 13	123456789101112	123456789101112	123456789101112	123456789101112	123456789101112	
1 2 3 4 5 6 7 8 9 10 11 12 1 3 14 15 16 17 18 19 20 1 3 14 15 16 17 18	13 14 15 16 17 18 19 20	13 14 15 16 17 18 19 20	13 14 15 16 17 18 19 20	13 14 15 16 17 18 19 20	13 14 15 16 17 18 19 20	
13 14 15 16 17 18 19 20 14 15 16 17 18 19 20 15 14 15 16 17 18 19 20 15 14 15 16 17 18 19 20 15 14 15 16 17 18 19 20	Meals Served to Non-Program Adults (cross off number as each adult receives a meal)					
Total First Meals Served Total Program Adult Meals Served Total damaged/incomplete/other non-reimbursable meals Total leftover meals* Number of recycled milk* from today's meal service *Recycled milk is served milk that is unopened and retrieved for reservice. *If there is an excess of leftover meals, notify the sponsor to reduce the total meals delivered based on average daily attendance of 1 st meals served By signing below, I certify that the above information is a true and accurate record, and I was present during the entire meal service. I further certify meals were only claimed based on point of service for complete eligible meals served to eligible participants in attendance that consumed meals on site.	123456789101112	123456789101112	123456789101112	123456789101112	123456789101112	
Total Program Adult Meals Served Total damaged/incomplete/other non-reimbursable meals Total leftover meals* Number of recycled milk* from today's meal service *Recycled milk is served milk that is unopened and retrieved for reservice. *If there is an excess of leftover meals, notify the sponsor to reduce the total meals delivered based on average daily attendance of 1 st meals served By signing below, I certify that the above information is a true and accurate record, and I was present during the entire meal service. I further certify meals were only claimed based on point of service for complete eligible meals served to eligible participants in attendance that consumed meals on site.	13 14 15 16 17 18 19 20	13 14 15 16 17 18 19 20	13 14 15 16 17 18 19 20	13 14 15 16 17 18 19 20	13 14 15 16 17 18 19 20	
Total Program Adult Meals Served Total damaged/incomplete/other non-reimbursable meals Total leftover meals* Number of recycled milk* from today's meal service *Recycled milk is served milk that is unopened and retrieved for reservice. *If there is an excess of leftover meals, notify the sponsor to reduce the total meals delivered based on average daily attendance of 1 st meals served By signing below, I certify that the above information is a true and accurate record, and I was present during the entire meal service. I further certify meals were only claimed based on point of service for complete eligible meals served to eligible participants in attendance that consumed meals on site.	Total First Meals Serv	ed				
Total damaged/incomplete/other non-reimbursable meals Total leftover meals* Number of recycled milk* from today's meal service *Recycled milk is served milk that is unopened and retrieved for reservice. *If there is an excess of leftover meals, notify the sponsor to reduce the total meals delivered based on average daily attendance of 1 st meals served By signing below, I certify that the above information is a true and accurate record, and I was present during the entire meal service. I further certify meals were only claimed based on point of service for complete eligible meals served to eligible participants in attendance that consumed meals on site.	Total Second Meals So	erved				
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*Recycled milk is served milk that is unopened and retrieved for reservice. *If there is an excess of leftover meals, notify the sponsor to reduce the total meals delivered based on average daily attendance of 1 st meals served By signing below, I certify that the above information is a true and accurate record, and I was present during the entire meal service. I further certify meals were only claimed based on point of service for complete eligible meals served to eligible participants in attendance that consumed meals on site.	Total damaged/incomplete/other non-reimbursable meals					
*Recycled milk is served milk that is unopened and retrieved for reservice. *If there is an excess of leftover meals, notify the sponsor to reduce the total meals delivered based on average daily attendance of 1 st meals served By signing below, I certify that the above information is a true and accurate record, and I was present during the entire meal service. I further certify meals were only claimed based on point of service for complete eligible meals served to eligible participants in attendance that consumed meals on site.	Total leftover meals*					
* If there is an excess of leftover meals, notify the sponsor to reduce the total meals delivered based on average daily attendance of 1 st meals served By signing below, I certify that the above information is a true and accurate record, and I was present during the entire meal service. I further certify meals were only claimed based on point of service for complete eligible meals served to eligible participants in attendance that consumed meals on site.	Number of recycled milk* from today's meal service					
By signing below, I certify that the above information is a true and accurate record, and I was present during the entire meal service. I further certify meals were only claimed based on point of service for complete eligible meals served to eligible participants in attendance that consumed meals on site.	*Recycled milk is served milk that is unopened and retrieved for reservice.					
further certify meals were only claimed based on point of service for complete eligible meals served to eligible participants in attendance that consumed meals on site.	* If there is an excess of leftover meals, notify the sponsor to reduce the total meals delivered based on average daily attendance of 1 st meals served					
attendance that consumed meals on site.	By signing below, I certify that the above information is a true and accurate record, and I was present during the entire meal service. I					
	•		t of service for complete el	igible meals served to eligib	ole participants in	
Stie Supervisor Signature: Date:	attendance that consumed	medis on site.				
	Stie Supervisor Signat	ure:	Date:			