SFSP Meal Count Worksheet for Enrolled Sites

Site Name: _____

	Date	/ /				/ /				/ /				/ /				/ /				/ /				/ /			
	Meals	B	L	S	Sn	B	L	S	Sn	B	L	S	Sn	B	L	S	Sn	B	L	S	Sn	B	L	S	Sn	B	L	S	Sn
	Camper's name																												
1.																													
2.																													
3.																													
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12.																													
13.																													
14.																													
15.																													

Total Eligible Meals:		Total Ineligible Meals:		***Codes:***
Total Program Adult Meals:		Total Non-Program Adult Meals:		***B = Breakfast; L = Lunch ; S = Supper; Sn = Snack***

Use additional sheets if needed

This institution is an equal opportunity provider.