

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				
Camper's name																													
1.																													
2.																													
3.																													
4.																													
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6.																													
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9.																													
10.																													
11.																													
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.