

Name of Center: _____

Month: _____

Record of Meals Served to Participants											
Date	Breakfast	PA	AM Supplement	PA	Lunch	PA	PM Supplement	PA	Supper	PA	Total Daily Attend.
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
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18											
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20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Total	0		0		0		0		0		0

PA=Program Adults

Milk on hand after last meal service of the previous month: _____ Gallons