

Record of Meals Served

Center/Site: \_\_\_\_\_

Month/Year \_\_\_\_\_

Date	Breakfast					Total Break fast	Lunch					Total Lunches	P M Supplement					Total P.M. Snacks	Total Daily Attend
	Infant	1-2	3-5	6-12	PA		Infant	1-2	3-5	6-12	PA		Infant	1-2	3-5	6-12	PA		
1																			
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28																			
29																			
30																			
31																			
<b>Total</b>																			

\* PA means Program Adults

Milk on hand after the last meal service of the previous month \_\_\_\_\_ gal.

\*7CFR 226.15(e)(4) and 226.15(e)(5)