



SFSP MEAL TRACKING RECORD 2024

A copy of this form **must** be maintained at the site for the duration of program operation.

Sponsor Name: _____ Sponsor #: _____

Site Name: _____ Site #: _____

Meal Type (circle one): **BREAKFAST** **AM SNACK** **LUNCH** **PM SNACK** **SUPPER**

Month: _____

Date	Weekday	# of Meals Delivered	# of Meals Leftover from Previous Day	# of Total Meals Available	# of FIRST Meals Served to Children	# of SECOND Meals Served to Children	# of Disallowed Meals	# of Meals Leftover from Today
		A	B	C	D	E	F	G
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
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	Wednesday							
	Thursday							
	Friday							

By signing below, I certify that the above information is true and accurate.

Site Supervisor: _____ Date: _____

Column A: How many were delivered. Refer to caterer's delivery slip.	Column E: How many served as second meals. Up to 2% of today's number of first meals. Serve ONLY after all children have been served a first meal.
Column B: How many were leftover from yesterday.	Column F: Meals damaged, incomplete, non-reimbursable.
Column C: How many you have available (A+B).	Column G: Meals available (C) – meals served (D+E)- disallowed (F).
Column D: How many were served, as 1 per child.	