

REPRODUCE LOCALLY WHEN NEEDED. TO BE FILLED IN WITH EACH DAY'S SERVICE, SUBMITTED TO FBR & COPY RETAINED AT SITE.

2nd Meals served are full meals with milk; not share box items.

Please check for blank rows before adding totals at the bottom.

Date:				Site:			
	Name or #	1st	2nd		Name or #	1st	2nd
1				31			
2				32			
3				33			
4				34			
5				35			
6				36			
7				37			
8				38			
9				39			
10				40			
11				41			
12				42			
13				43			
14				44			
15				45			
16				46			
17				47			
18				48			
19				49			
20				50			
21				51			
22				52			
23				53			
24				54			
25				55			
26				56			
27				57			
28				58			
29				59			
30				60			

PAGE TOTALS:

1st _____

2nd _____

PACKAGED MEAL SITES: Please complete at end of each day's service:	
_____ # Meals on hand	_____ #Milks on hand

Please check for blank rows before adding totals.