

School Name:	School #:	Date:	Meal Time:
Meal: (circle one) Breakfast / Grab & Go / Lunch / Snack / Supper		Location of Service*:	Total Meals Served:

Mark box with an 'X' as each meal is served.
Complete additional sheets as necessary.

1	11	21	31	41	51	61	71	81	91	101	111	121	131	141
2	12	22	32	42	52	62	72	82	92	102	112	122	132	142
3	13	23	33	43	53	63	73	83	93	103	113	123	133	143
4	14	24	34	44	54	64	74	84	94	104	114	124	134	144
5	15	25	35	45	55	65	75	85	95	105	115	125	135	145
6	16	26	36	46	56	66	76	86	96	106	116	126	136	146
7	17	27	37	47	57	67	77	87	97	107	117	127	137	147
8	18	28	38	48	58	68	78	88	98	108	118	128	138	148
9	19	29	39	49	59	69	79	89	99	109	119	129	139	149
10	20	30	40	50	60	70	80	90	100	110	120	130	140	150

151	161	171	181	191	201	211	221	231	241	251	261	271	281	291
152	162	172	182	192	202	212	222	232	242	252	262	272	282	292
153	163	173	183	193	203	213	223	233	243	253	263	273	283	293
154	164	174	184	194	204	214	224	234	244	254	264	274	284	294
155	165	175	185	195	205	215	225	235	245	255	265	275	285	295
156	166	176	186	196	206	216	226	236	246	256	266	276	286	296
157	167	177	187	197	207	217	227	237	247	257	267	277	287	297
158	168	178	188	198	208	218	228	238	248	258	268	278	288	298
159	169	179	189	199	209	219	229	239	249	259	269	279	289	299
160	170	180	190	200	210	220	230	240	250	260	270	280	290	300

Cafeteria Employee / Teacher (Print):	Cafeteria Employee / Teacher (Signature):
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Remarks: