

B=BREAKFAST      A=AM SNACK   L=LUNCH   P=PM SNACK   S=SUPPER   E=EVENING SNACK

	DATE	DATE	DATE	DATE	DATE
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>BREAKFAST</b>					
Milk ( Fluid Milk)	_____	_____	_____	_____	_____
100% Juice, Fruit, Vegetables	_____	_____	_____	_____	_____
Bread/Cereal	_____	_____	_____	_____	_____
<b>AM SNACK (Serve 2)</b>					
Milk ( Fluid Milk)	_____	_____	_____	_____	_____
Bread or Protein	_____	_____	_____	_____	_____
Fruit or Vegetable	_____	_____	_____	_____	_____
<b>LUNCH</b>					
Milk ( Fluid Milk)	_____	_____	_____	_____	_____
Meat or alternate	_____	_____	_____	_____	_____
Fruit or Vegetable (1)	_____	_____	_____	_____	_____
Fruit or Vegetable (1)	_____	_____	_____	_____	_____
Bread or alternate	_____	_____	_____	_____	_____
<b>PM SNACK (Serve 2)</b>					
Milk ( Fluid Milk)	_____	_____	_____	_____	_____
Fruit or Vegetable	_____	_____	_____	_____	_____
Bread/Protein	_____	_____	_____	_____	_____
<b>DINNER</b>					
Milk ( Fluid Milk)	_____	_____	_____	_____	_____
Meat/Alternate	_____	_____	_____	_____	_____
Fruit or Vegetable (1)	_____	_____	_____	_____	_____
Fruit or Vegetable (1)	_____	_____	_____	_____	_____
Bread/Alternate	_____	_____	_____	_____	_____
<b>EVN SNACK (Serve 2)</b>					
Milk ( Fluid Milk)	_____	_____	_____	_____	_____
Bread or Portein	_____	_____	_____	_____	_____
Fruit or Vegetable	_____	_____	_____	_____	_____

Provider Signature \_\_\_\_\_

I HEREBY CERTIFY that all of the above information is true and correct and meets the requirements listed on the meal count sheet .  
 I understand that this information is being given in connection with the receipt of Federal Funds and that deliberate misrepresentation  
 may subject to prosecution under applicable State and Federal criminal statutes.

