

Summer Food Service Program Mobile Feeding Daily Meal Count Record- Template

Section A																		
Sponsor Number #1									Date									
Sponsor Name Alachua County School Board																		
Meal Type (circle) BRK - AM Snack - LUN - PM Snack									Day of Week (circle) M T W T F									
Section B																		
Number of Meals Available at Route Start:									Number of Meals Leftover at Route End: (total # meals served – # of meals available)									
Time of Route Start:									Time of Route End:									
Section C																		
Site Number	First Meals Served (one / mark per child)								Total	Second Meals Served (one / mark per child)								Total
	1	2	3	4	5	6	7	8		1	2	3	4	5	6	7	8	
	9	10	11	12	13	14	15	16		9	10	11	12	13	14	15	16	
	17	18	19	20	21	22	23	24		17	18	19	20	21	22	23	24	
	25	26	27	28	29	30	31	32		25	26	27	28	29	30	31	32	
	33	34	35	36	37	38	39	40		33	34	35	36	37	38	39	40	
	1	2	3	4	5	6	7	8		1	2	3	4	5	6	7	8	
	9	10	11	12	13	14	15	16		9	10	11	12	13	14	15	16	
	17	18	19	20	21	22	23	24		17	18	19	20	21	22	23	24	
	25	26	27	28	29	30	31	32		25	26	27	28	29	30	31	32	
	33	34	35	36	37	38	39	40		33	34	35	36	37	38	39	40	
	1	2	3	4	5	6	7	8		1	2	3	4	5	6	7	8	
	9	10	11	12	13	14	15	16		9	10	11	12	13	14	15	16	
	17	18	19	20	21	22	23	24		17	18	19	20	21	22	23	24	
	25	26	27	28	29	30	31	32		25	26	27	28	29	30	31	32	
	33	34	35	36	37	38	39	40		33	34	35	36	37	38	39	40	
	1	2	3	4	5	6	7	8		1	2	3	4	5	6	7	8	
	9	10	11	12	13	14	15	16		9	10	11	12	13	14	15	16	
	17	18	19	20	21	22	23	24		17	18	19	20	21	22	23	24	
	25	26	27	28	29	30	31	32		25	26	27	28	29	30	31	32	
	33	34	35	36	37	38	39	40		33	34	35	36	37	38	39	40	
Section D																		
Total First Meals Served									Total Second Meals Served									

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

Mobile Feeding Site Supervisor Name

Mobile Feeding Site Supervisor Signature

Date