

2017-2018 CACFP Supper Program Report

| CAMPUS: | ROOM: | DATE: |
|---------|-------|-------|
| | 1 | |

Must be completed and returned **by 9:00am the day after supper was received.

Must be **signed and completed by the After-School Program Teacher / Coordinator.

| NUMBER OF MEALS RECEIVED | Teacher/ Coordinator: |
|---------------------------|--------------------------|
| NUMBER OF MEALS SERVED | (Please Print Name) |
| NUMBER OF MEALS LEFT OVER | Signature: |

NOTICE: Student MUST be checked off if meal was received.

| | Name of Student | Received Meal |
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| 1 | | |
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| | Name of Student | Received Meal |
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CACFP Supper Program Report (Continued)

NOTICE: Student MUST be checked off if meal was received.

| 53 □ 54 □ 55 □ 56 □ 57 □ 58 □ 59 □ 60 □ 61 □ 62 □ 63 □ 64 □ 65 □ 66 □ 67 □ 68 □ 69 □ 70 □ 71 □ 72 □ 73 □ 74 □ 75 □ 76 □ 77 □ 78 □ 80 □ 81 □ 83 □ | | Name of Student | Received Meal |
|--|----|-----------------|------------------|
| 55 □ 56 □ 57 □ 58 □ 59 □ 60 □ 61 □ 62 □ 63 □ 64 □ 65 □ 66 □ 67 □ 70 □ 71 □ 72 □ 73 □ 74 □ 75 □ 76 □ 77 □ 80 □ 81 □ 82 □ 83 □ | 53 | | |
| 56 | 54 | | |
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| 58 | 56 | | |
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| 60 □ 61 □ 62 □ 63 □ 64 □ 65 □ 66 □ 67 □ 68 □ 69 □ 70 □ 71 □ 72 □ 73 □ 74 □ 75 □ 76 □ 77 □ 78 □ 79 □ 80 □ 81 □ 82 □ 83 □ | 58 | | |
| 61 □ 62 □ 63 □ 64 □ 65 □ 66 □ 67 □ 68 □ 69 □ 70 □ 71 □ 72 □ 73 □ 74 □ 75 □ 76 □ 77 □ 78 □ 79 □ 80 □ 81 □ 82 □ 83 □ | 59 | | |
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| 84 | 84 | | |
| 85 | 85 | | |

| | Name of Student | Received Meal |
|-----|-----------------|------------------|
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