



2017-2018 CACFP Supper Program Report

CAMPUS:	ROOM:	DATE:
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**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	
NUMBER OF MEALS SERVED	
NUMBER OF MEALS LEFT OVER	

**Teacher/
Coordinator:** _____
 (Please Print Name)

Signature: _____

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

	Name of Student	Received Meal
1		<input type="checkbox"/>
2		<input type="checkbox"/>
3		<input type="checkbox"/>
4		<input type="checkbox"/>
5		<input type="checkbox"/>
6		<input type="checkbox"/>
7		<input type="checkbox"/>
8		<input type="checkbox"/>
9		<input type="checkbox"/>
10		<input type="checkbox"/>
11		<input type="checkbox"/>
12		<input type="checkbox"/>
13		<input type="checkbox"/>
14		<input type="checkbox"/>
15		<input type="checkbox"/>
16		<input type="checkbox"/>
17		<input type="checkbox"/>
18		<input type="checkbox"/>
19		<input type="checkbox"/>
20		<input type="checkbox"/>
21		<input type="checkbox"/>
22		<input type="checkbox"/>
23		<input type="checkbox"/>
24		<input type="checkbox"/>
25		<input type="checkbox"/>
26		<input type="checkbox"/>

	Name of Student	Received Meal
27		<input type="checkbox"/>
28		<input type="checkbox"/>
29		<input type="checkbox"/>
30		<input type="checkbox"/>
31		<input type="checkbox"/>
32		<input type="checkbox"/>
33		<input type="checkbox"/>
34		<input type="checkbox"/>
35		<input type="checkbox"/>
36		<input type="checkbox"/>
37		<input type="checkbox"/>
38		<input type="checkbox"/>
39		<input type="checkbox"/>
40		<input type="checkbox"/>
41		<input type="checkbox"/>
42		<input type="checkbox"/>
43		<input type="checkbox"/>
44		<input type="checkbox"/>
45		<input type="checkbox"/>
46		<input type="checkbox"/>
47		<input type="checkbox"/>
48		<input type="checkbox"/>
49		<input type="checkbox"/>
50		<input type="checkbox"/>
51		<input type="checkbox"/>
52		<input type="checkbox"/>

