

SATURDAY SCHOOL MEAL COUNT FORM

Site

Supervisor

Date

Total Students ALL pages

Meal Types Served:

☐

Snack

☐

Lunch

No	ID #	Name	Grade	Date of Birth	Ineligible

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution under applicable state or federal laws.

Signature

Date

** Disclaimer: Meals distributed on Saturday and Sunday will not include supper.

Total Students THIS PAGE

Employee Initial