SITE NAME:_____

ATT (Attendance): ML (Meal) and SN (Snack) Count:
A = Absent 1 = Meal or Snack Served
P = Present 0 = Meal or Snack NOT Served

CACFP MEAL COUNT AND ATTENDANCE

SITE ADDRESS:

_____

_____

SITE SUPERVISOR:

_____

DATE:			DATE:			DATE:			DATE:			DATE:		
	ML	SN		ML	SN		ML	SN		ML	SN		ML	SN
# Delivered:			# Delivered:			# Delivered:			# Delivered:			# Delivered:		
# Leftovers:			# Leftovers:			# Leftovers:			# Leftovers:			# Leftovers:		
# Damaged:			# Damaged:			# Damaged:			# Damaged:			# Damaged:		
Staff Signature			**Staff Signature**			**Staff Signature**			**Staff Signature**			**Staff Signature**		

Disclaimer: I certify that the information on this form is true and accurate to the best of my knowledge and that the numbers submitted represent only eligible meals served to eligible participants, which can be claimed for reimbursement. I understand that misrepresentation may result in prosecution under applicable state and federal statutes.

PARTICIPANT'S NAME	AGE	ATT	ML	SN	ATT	ML	SN	ATT	ML	SN	ATT	ML	SN	ATT	ML	SN
1																
2																
3																
4																
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SITE NAME:_____

		DATE:			DATE:			DATE:			DATE:			DATE:		
PARTICIPANT'S NAME	AGE	ATT	ML	SN	ATT	ML	SN	ATT	ML	SN	ATT	ML	SN	ATT	ML	SN
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19																
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SITE NAME:_____

		DATE:			DATE:			DATE:			DATE:			DATE:		
PARTICIPANT'S NAME	AGE	ATT	ML	SN	ATT	ML	SN	ATT	ML	SN	ATT	ML	SN	ATT	ML	SN
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SITE NAME:_____

		DATE:			DATE:			DATE:			DATE:			DATE:		
PARTICIPANT'S NAME	AGE	ATT	ML	SN	ATT	ML	SN	ATT	ML	SN	ATT	ML	SN	ATT	ML	SN
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SITE NAME:_____

		DATE:			DATE:			DATE:			DATE:			DATE:		
PARTICIPANT'S NAME	AGE	ATT	ML	SN	ATT	ML	SN	ATT	ML	SN	ATT	ML	SN	ATT	ML	SN
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