



MEAL COUNT CONSOLIDATION

Claim Period: ___/___/___ to ___/___/___

Site Name: _____

Day of the Month	Breakfast		Lunch		Supper		AM Snack		PM Snack	
	1 st Meals	2 nd Meals	1 st Meals	2 nd Meals	1 st Meals	2 nd Meals	1 st Meals	2 nd Meals	1 st Meals	2 nd Meals
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
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16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total										
Max # 2nd Meals										

*Second meals eligible for reimbursement equal two percent of the first meals served during the claiming period.