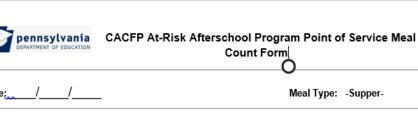
1. Coordinator must check off one number as the child takes the meal.

2. Coordinator must record any leftovers & waste



Number of Meals Delivered or prepared



Number of Meals Served to Participants (assessor number as each participant receives a reimbursable meal)

School #:

Program Coordinator's Name:

■ Total Meals Available

1	2	3		5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	30	39	40
4.	42	43	44	45	46	47	48	49	50	51	52	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	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	170	180
181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	130	199	200
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	240	217	218	219	220
	21 61 81 101 121 141 161 181	21 22 4 42 61 62 81 82 101 102 121 122 141 142 161 162 181 182	21 22 23 4 42 43 61 62 63 81 82 83 101 102 103 121 122 123 141 142 143 161 162 163 181 182 183	21 22 23 24 44 42 43 44 61 62 63 64 81 82 83 84 101 102 103 104 121 122 123 124 141 142 143 144 161 162 163 164 181 182 183 184	21 22 23 24 25 4 42 43 44 45 61 62 63 64 65 81 82 83 84 85 101 102 103 104 105 121 122 123 124 125 141 142 143 144 145 161 162 163 164 165 181 182 183 184 185	21 22 23 24 25 26 4 42 43 44 45 46 61 62 63 64 65 66 81 82 83 84 85 86 101 102 103 104 105 106 121 122 123 124 125 126 141 142 143 144 145 146 161 162 163 164 165 166 181 182 483 184 185 186	21 22 23 24 25 26 27 4 42 43 44 45 46 47 61 62 63 64 65 66 67 81 82 83 84 85 86 87 101 102 103 104 105 106 107 121 122 123 124 125 126 127 141 142 143 144 145 146 147 161 162 163 164 165 166 167 181 182 483 184 185 186 187	21 22 23 24 25 26 27 28 4 42 43 44 45 46 47 48 61 62 63 64 65 66 67 68 81 82 83 84 85 86 87 88 101 102 103 104 105 106 107 108 121 122 123 124 125 126 127 128 141 142 143 144 145 146 147 148 161 162 163 164 165 166 167 168 181 182 483 184 185 186 187 188	21 22 23 24 25 26 27 28 29 4 42 43 44 45 46 47 48 49 61 62 63 64 65 66 67 68 69 81 82 83 84 85 86 87 88 89 101 102 103 104 105 106 107 108 109 121 122 123 124 125 126 127 128 129 141 142 143 144 145 146 147 148 149 161 162 163 164 165 166 167 168 169 181 182 483 184 185 186 187 188 189	21 22 23 24 25 26 27 28 29 30 4 42 43 44 45 46 47 48 49 50 61 62 63 64 65 66 67 68 69 70 81 82 83 84 85 86 87 88 89 90 101 102 103 104 105 106 107 108 109 110 121 122 123 124 125 126 127 128 129 130 141 142 143 144 145 146 147 148 149 150 161 162 163 164 165 166 167 168 169 170 181 182 183 184 185 186 187 188 189 190	21 22 23 24 25 26 27 28 29 30 31 4 42 43 44 45 46 47 48 49 50 51 61 62 63 64 65 66 67 68 69 70 71 81 82 83 84 85 86 87 88 89 90 91 101 102 103 104 105 106 107 108 109 110 111 121 122 123 124 125 126 127 128 129 130 131 141 142 143 144 145 146 147 148 149 150 151 161 162 163 164 165 166 167 168 169 170 171 181 182 183 184 185 186 187 188 189 190 191	21 22 23 24 25 26 27 28 29 30 31 32 4 42 43 44 45 46 47 48 49 50 51 52 61 62 63 64 65 66 67 68 69 70 71 72 81 82 83 84 85 86 87 88 89 90 91 92 101 102 103 104 105 106 107 108 109 110 111 112 121 122 123 124 125 126 127 128 129 130 131 132 141 142 143 144 145 146 147 148 149 150 151 152 161 162 163 164 165 166 167 168 169 170 171 172 181 182 483 184 185	21 22 23 24 25 26 27 28 29 30 31 32 33 4 42 43 44 45 46 47 48 49 50 51 52 53 61 62 63 64 65 66 67 68 69 70 71 72 73 81 82 83 84 85 86 87 88 89 90 91 92 93 101 102 103 104 105 106 107 108 109 110 111 112 113 121 122 123 124 125 126 127 128 129 130 131 132 133 141 142 143 144 145 146 147 148 149 150 151 152 153 161 162 163 164 165 166 167 168 169 170 171 <	21 22 23 24 25 26 27 28 29 30 31 32 33 34 4 42 43 44 45 46 47 48 49 50 51 52 53 54 61 62 63 64 65 66 67 68 69 70 71 72 73 74 81 82 83 84 85 86 87 88 89 90 91 92 93 94 101 102 103 104 105 106 107 108 109 110 111 112 113 114 121 122 123 124 125 126 127 128 129 130 131 132 133 134 141 142 143 144 145 146 147 148 149 150 151 152 153 154 161 162 163 164 1	21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 44 42 43 44 45 46 47 48 49 50 51 52 53 54 55 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 141 142 143 144 145 146 147 148 149 150 151 152 153 154<	21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 4 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 141 142 143 144 145 146 147 148	21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 44 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 141 142	21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 39 4 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 <t< th=""><th>21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 30 39 4 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 121 122 123 124 125 126 127 128 129 130 13</th></t<>	21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 30 39 4 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 121 122 123 124 125 126 127 128 129 130 13

Number of Meals left over (meals able to be served next day) = ______

Number of Meals discarded due to waste or damage (do not claim) =

TOTAL NUMBER OF MEALS SERVED TO PARTICIPANTS/CLAIMED FOR REIMBURSEMENT =

By signing below, I certify that the above information is true and accurate and that a separate <u>record of attendance</u> is documented and <u>maintained</u> to support the purpose of mode covered to perficients and claimed for reimbursement.

Program Coordinator

School Name:

School Address:

Print Name:
Signature:
Date:

Manager/Lead Food Service Worker

Print Name:
Signature:
Date:

3. Coordinator must sign & date.

After School Coordinator Instructions

- Attendance <u>must</u> be taken by an adult and recorded daily.
- Students must take all 5 components
- Meal count form must be used daily to claim meals
- Coordinator must establish a point of service at the end of the line.
- Check one number for every meal taken by student
- One Meal per student
- Number of leftover and damaged meals must be recorded
- Coordinator must sign and date the bottom of form.
- Attendance and Meal Count Form must be returned with leftovers daily.

Approved Attendance Sheet

PHILADELPHIA Aft	er S	cho											
School Name					v	/eek of:	(Do Not use for Meal Counting)						
Q _{0C} #						rogram Name:							
Student First and Last Name	М	Т	w	TH	F	Student First and Last Nam	e M	Т	w	TH	F		
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	-	_	-	_	-		_	-	-		\vdash		
	\vdash	\vdash	\vdash	\vdash			_	1	+		\vdash		
											\square		
	-	_	-	_	-		_	-	-		\vdash		
								1	1		\vdash		
	_						\perp	1	_		\sqcup		
	-		-		-		_	+	+		\vdash		
			 					1			\vdash		
	_							1	_		\sqcup		
	-	_	-	_			+	1	_		\vdash		
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-	-	\vdash	\vdash	\vdash			+	+	+		$\vdash \vdash \vdash$		
					-	1							
			Daily Attendance Count			ce Total Students							
						I							
			MONDAY					En	ter	· da	IIV		
			TUESDAY				_						
		-		ESDAY	<i>r</i>			att	ten	dar	nce.		
		TI	HURS	DAY									

Please read and sign.

I verify that the attendance information listed above is correct.									
Program Coordinator Name:									
Signature:									