APPENDIX G

me of Site _____ _____ Meals served Month _____ Year ___

Signature of person completing form

Name of client	C	Meals	1	2	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	Breakfast Total paid	Breakfast Total reduced	Breakfast Total free	Lunch Total paid	Lunch Total reduced	Lunch Total free	Grand total break-fast	Grand total lunch
		Breakfast																																	
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		Lunch																																	
Adults*		Breakfast																																	
		Lunch																																	
Totals																																			

Use E to designate entry;
to designate withdrawal.

Record at time of service.
Reproduce as needed

C= Eligibility code (to be determined by site manager).
* Adults should be included if they eat with children.