# Summary of Meals Served

Check One: ☐ School Lunch ☐ School Breakfast ☐ After School Snacks

School/Site:

Teacher: **Grade:** **Month:** **Year:**

End of the Month Totals

| V | Name | Code | Date | 1 | 2 | 3 | 4 | 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 | Paid | Reduced | Free |
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