POINT OF SERVICE MEAL COUNT SHEET

Week of _____

1. Check off all meals served to a participant (✓)
2. A participant may be claimed for a maximum of two meals and one snack, two snacks and one meal, or three snacks per day.
3. Indicate by use of a colored slash mark specific meals/snacks that will be claimed for reimbursement. (✓/)

	MONDAY						TUESDAY						WEDNESDAY						THURSDAY						FRIDAY						SATURDAY						SUNDAY					
NAME	BREAKFAST	AM SNACK	LUNCH	PM SNACK	DINNER	NITE SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	DINNER	NITE SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	DINNER	NITE SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	DINNER	NITE SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	DINNER	NITE SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	DINNER	NITE SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	DINNER	NITE SNACK
TOTALS																																										

YOU MAY RECORD STAFF MEALS HERE AND TRANSFER TO MEAL COUNT SUMMARY SHEET: DO NOT CLAIM MEALS CONSUMED BY STAFF																																										
TOTALS																																										