



### Five-Day Reconciliation Form

Sponsor Name/Address:	Site Name/Address (if different):
CTDS #:	Telephone Number:
Contact Person(s):	Title(s):
Meal Service Time:	Date:

Total Number of Participants **Claimed** *(based on meal counts)*:  
*In the table below, report the total number of meals claimed for each of the 5 days prior to today (based on the meal count sheets for previous 5 days).*

	<b>Meal</b>	1 Day Before	2 Days Before	3 Days Before	4 Days Before	5 Days Before
		Date:	Date:	Date:	Date:	Date:
	Breakfast					
	AM Snack					
	Lunch					
	PM Snack					
	Dinner					
	Evening Snack					

Total Number of Participants in **Attendance** *(based on sign-in/out sheets)*:  
*In the table below, report the total number of participants in attendance for each of the 5 days prior to today (based on sign in/out or attendance sheets for previous 5 days).*

<b>Meal Service Times</b>	<b>Meal</b>	1 Day Before	2 Days Before	3 Days Before	4 Days Before	5 Days Before
		Date:	Date:	Date:	Date:	Date:
	Breakfast					
	AM Snack					
	Lunch					
	PM Snack					
	Dinner					
	Evening Snack					

Compare the tables above. Are there any discrepancies between the numbers claimed and the numbers in attendance? **Yes No** If yes, describe.

Are the counts for today consistent with the past 5-days? **Yes No** If no, explain.