

Point of Service Meal Count Sheet

Classroom: _____

Week of: _____

Instructions: Using a checkmark, check off meals served to a participant at the point of meal service (at the very beginning of the meal, during the meal, or toward the end of the meal *before* participants leave the table). Recall that a participant can only be claimed for a maximum of two meals and one snack, two snacks and one meal, or three snacks per day. For participants that consumed more meals/snacks than can be claimed, clearly indicate which meals/snacks will be claimed for reimbursement. Consider using color ✓ or slash marks ✗.

	Monday						Tuesday						Wednesday						Thursday						Friday										
	BREAKFAST	AM SNACK	LUNCH	PM SNACK	SUPPER	EVENING SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	SUPPER	EVENING SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	SUPPER	EVENING SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	SUPPER	EVENING SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	SUPPER	EVENING SNACK					
Names of Participants																																			
Totals																																			
STAFF MEALS (Must be tracked. DO NOT CLAIM)																																			
Totals																																			