

Meal Count – Monthly Consolidation Form
Claim Period _____ - _____

Site		Breakfast		Lunch		Snack		Supper	
		1 st Meal	2 nd Meal	1 st Meal	2 nd Meal	1 st Meal	2 nd Meal	1 st Meal	2 nd Meal
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
TOTAL									
Meal Type	(A) Total 1st Meals Served	(B) Total 2nd Meals Served	(C) 2nd Meal Limitation (.02 x A)	(D) Allowable 2nd Meals - Lesser of (B) or (C)	(E) Allowable Total Meals (A) + (D)				
Breakfast									
Lunch									
Snack									
Supper									