

Daily Meals Worksheet Report

1234, Polly Provider

Date: _____

Breakfast

Bread: _____
 Serving Time FVJ: _____
 1; _____ Milk: _____
 2; _____

AM Snack

Meat: _____
 Serving Time Bread: _____
 1; _____ FVJ: _____
 2; _____ Milk: _____

Lunch

Meat: _____
 Serving Time Bread: _____
 1; _____ FVJ 1: _____
 2; _____ FVJ 2: _____
 Milk: _____

PM Snack

Meat: _____
 Serving Time Bread: _____
 1; _____ FVJ: _____
 2; _____ Milk: _____

Dinner

Meat: _____
 Serving Time Bread: _____
 1; _____ FVJ 1: _____
 2; _____ FVJ 2: _____
 Milk: _____

Evening Snack

Meat: _____
 Serving Time Bread: _____
 1; _____ FVJ: _____
 2; _____ Milk: _____

~Print several copies and file. Use this form to record attendance, menus and meal counts.~
 Online claimers: Use if your computer is down. Paper claimers: Use if you run out of attendance menu forms.

Name	#	BRK	AMS	LUN	PMS	DIN	EVS	IN	OUT	IN	OUT
Bernthal, Stephanie	1-8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Bileu, Rubs	1-7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Doe, Jane P	1-16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Friend, Un	1-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Meindel, pitty	1-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
mgood, Katie i	1-15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Perplexion, Bubba B	1-14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Perplexion, Paula S	1-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Perplexion, Pixie J	1-13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
So Said, Kath	1-10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Stone, Renee A	1-11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Un Friend, Alana P	1-5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Whine, Sandi	1-6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Yang, Akiana H	1-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				