

Daily Meal Count and Attendance Record
(Centers and Emergency Shelters)

Name of Contracting Organization: _____
 Name of Facility: _____
 Day Care Center Name: _____
 Program No. (TX No.): TX 1 7 0 - 0 0 2 6
 Month and Year: 5/2012

Centers: You may claim up to two meals and one snack or one meal and two snacks. Emergency Shelters: You may claim up to three meals or two meals and one snack.

Participant's Name	Age	Date							Date
		MON	TUES	WED	THURS	FRI	SAT	SUN	
1 Daniels, Robert	1	X	X	X	X	X	X	X	5/4
2 Garcia, Abby	2	X	X	X	X	X	X	X	5/3
3 Smith, Johnny	1	X	X	X	X	X	X	X	5/4
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
Total Number of Program Staff Meals									
Total Number of Non-Program Meals									

Be sure to include
child's first and last
name and age

Mark meals at time of
meal service with an X

DO NOT Total Meals

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution under applicable state or federal statutes.

Signature: _____ Center/Emergency Shelter Representative
 Date: 5/4/12
 Page: _____ of _____

Be sure to sign and date
at the end of each week