Washington Office of Superintendent of **PUBLIC INSTRUCTION**
Weekly Meal Count Form

SITE NAME: _____ **MEAL TYPES:** ☐ Br ☐ Lu ☐ Sn ☐ Su   ☐ **Clicker Count Taken**

Total Number of Meals Available = _____   **Total Number of Milks Available =_____**   **DATE:** _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60

Total First Meals Served _____ (-) Disallowed Meals _____ = TOTAL MEALS TO CLAIM _____

(Total Meals Available – Total First Meals Served – Disallowed Meals) **Leftover Meals = _____**

☐ I certify that the information reported is true and correct to the best of my knowledge.

Name:_____ **Signature:** _____

Total Number of Meals Available = _____   **Total Number of Milks Available =_____**   **DATE:** _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
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