



Child Care Food Program - Monthly Meal Report

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Report of meals served for the month / year of _____

I certify that the records submitted in support of my claim under the Child Care Food Program are accurate. I understand that information is being given for the receipts of Federal funds and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Provider Name _____ Address _____

Signature _____ Date Signed _____ Telephone _____

	Breakfast	AM Snack	Lunch	PM Snack	Supper	Eve Snack	Total Children
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							

Enrolled Children	
List all children who attended during the month. First and last names.	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
RELATIVE CARE Only Children Living At Home	
23	
24	
25	
26	

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↓ FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE ↓

AM	
PM	
EVE	
L	
S	

	Number	Factor	Amount
Breakfast			
Total Snacks			
Lunch/Supper			

Prepared By _____

Number of Days _____

TOTAL