Daily CACFP Meal Count & Attendance Record

May claim up to 2 meals and 1 snack, or 1 meal and 2 snacks

NAME OF CONTRACTING ENTITY (CE)				NAME OF SITE											CE ID						TEACHER NAME									MONTH & YEAR							
PARTICIPANT'S NAME (FIRST & LAST)		AGE		DAY			DATE			DAY				DATE			DAY				DATE			DAY				DATE		DAY			DATE				
	(TINST & LAST)		At	В	Α	L	Р	S	E	At	В	Α	L	Р	S	E	At	В	Α	L	Р	S	Е	At	В	Α	L	Р	S	E	At	В	Α	L	Р	S	E
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	Total Number of	A M Snack																																			
	Program Participants :	Lunch																																			
	Attendance & Meal Count	PM Snack																																			
		Supper																																			
		E vening Snack																																			_
	Number of Participant Meals to be Claimed																																				
Nur	Number of Program Staff and Non-Program Meals																																				

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

Signature - Site Representative



Date

