

<i>SITE NAME:</i>	<i>Supervisor's Name:</i>	<i>Week of:</i>
Madison Metropolitan School District	DAILY MEAL COUNT FORM	After School Snack Program
DATE: _____ Serving Time: _____ Meals received /prepared _____ Meals from previous day + _____ Total Meals Available = _____ ①	DATE: _____ Serving Time: _____ S Meals received /prepared _____ Meals from previous day + _____ Total Meals Available = _____ ①	DATE: _____ Serving Time: _____ Meals received /prepared _____ Meals from previous day + _____ Total Meals Available = _____ ①
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Total leftover meals + ③	Total leftover meals + ⑤	Total leftover meals + ⑤
Total of items ② + ③ = ④ Item ④ should be equal to item ①	Total of items ② + ③ = ④ Item ④ should be equal to item ①	Total of items ② + ③ = ④ Item ④ should be equal to item ①

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