

	Date	Date	Date	Date	Date
	Monday	Tuesday	Wednesday	Thursday	Friday
BREAKFAST					
Milk (Fluid Milk)	_____	_____	_____	_____	_____
100% Juice, Fruit, Vegetables	_____	_____	_____	_____	_____
Bread/Cereal	_____	_____	_____	_____	_____
AM SNACK (Serve 2)					
Milk (Fluid Milk)	_____	_____	_____	_____	_____
Bread or Protein	_____	_____	_____	_____	_____
Fruit or Vegetable	_____	_____	_____	_____	_____
LUNCH					
Milk (Fluid Milk)	_____	_____	_____	_____	_____
Meat or alternate	_____	_____	_____	_____	_____
Fruit or Vegetable (1)	_____	_____	_____	_____	_____
Fruit or Vegetable (1)	_____	_____	_____	_____	_____
Bread or alternate	_____	_____	_____	_____	_____
PM SNACK (Serve 2)					
Milk (Fluid Milk)	_____	_____	_____	_____	_____
Fruit or Vegetable	_____	_____	_____	_____	_____
Bread/Protein	_____	_____	_____	_____	_____
DINNER					
Milk (Fluid Milk)	_____	_____	_____	_____	_____
Meat/Alternate	_____	_____	_____	_____	_____
Fruit or Vegetable (1)	_____	_____	_____	_____	_____
Fruit or Vegetable (1)	_____	_____	_____	_____	_____
Bread/Alternate	_____	_____	_____	_____	_____
EVN SNACK (Serve 2)					
Milk (Fluid Milk)	_____	_____	_____	_____	_____
Bread or Portein	_____	_____	_____	_____	_____
Fruit or Vegetable	_____	_____	_____	_____	_____

Provider Signature _____

I HEREBY CERTIFY that all of the above information is true and correct and meets the requirements listed on the meal count sheet .
 I understand that this information is being given in connection with the receipt of Federal Funds and that deliberate misrepresentation may
 subject to prosecution under applicable State and Federal criminal statutes