

Provider _____ Month _____ Year _____ ATTENDANCE / MEAL COUNT

I certify that to the best of my knowledge, this information is accurate in all respects. I understand that this information is provided in connection with the receipt of federal funds, that it may be verified, and that deliberate misrepresentation may result in state or federal procecuton Provider's Signature

Table with columns for CHILD'S NAME, Mark (X) each meal at time of service, and rows for DATE (1-31), Breakfast, AM Snack, Lunch, PM Snack, Dinner, and Eve Snack.

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