Site Manager Form
Meal Served:_____

Daily Meal Count Form
(must have one at each meal service)

Fill this form out each day of scheduled meal service even if no meals were served. Each week send these forms in to Food Bank of Alaska.

Site Name: Meal Type: ____ Lunch ____ Supper

Telephone: Fax:

Site Manager: Site Monitor:

Total Number of Meals Available: Meal Number Served:

Date : Time:

First meals served to children (cross off a number as each child is served):

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	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160

Menu for Observed Meal/Snack ☐ Lunch **OR** ☐ Supper

	List Specific Food Items Served:
Milk (list fat content)	
Meat/Meat Alternate	
Fruit	
Vegetable	
Bread/Bread Alternate	
Other	

Total Number of First Meals:

Second Meals Served to Children:
1 2 3 4 5 6 7 8 9 10
Total Number of Second Meals (***not sharetable food***):

Meals Served to Adults:
1 2 3 4 5
Total Number of Adult Meals (***meal service staff only***):

Meals Served to Adults:
1 2 3 4 5
Total Number of Adult Meals (***non meal service staff elders/pregnant women***):

Total damaged/incomplete/other non-reimbursable meals (***please report damaged meals to FBA immediately***):

Total Meals Left:

_____ _____

Site Manager Signature **Date**