

Summer Food Service Program Weekly Meal Report - Lancaster Recreation Commission - 392-2115, ext. 456 FAX No. 392-8489

Site Name _____ Address _____ Phone _____

Site Supervisor *(Print)* _____ Week of _____

Site Supervisor signature _____ (Monday - Friday)

- Please use pencil when filling out this form.
- Please do not serve seconds.
- This report must be filled out daily and returned to the Lancaster Recreation Center every Friday.

	Monday			Tuesday			Wednesday			Thursday			Friday			WEEK TOTALS		
	B	L	S	B	L	S	B	L	S	B	L	S	B	L	S	B	L	S
Number of children																		
A Number of meals delivered																		
B Number of meals left from previous day																		
C Total number of meals at start of serving																		
D Number of meals served to children																		
E Number of spoiled/incomplete meals																		
F Number of meals left after serving																		

A + **B** = **C**
 D(from other side) + **E** - **C** = **F**
 Transfer **F** next day's **B**

