



Daily Meal Count & Attendance Form

Month & Year \_\_\_\_\_

PORTER LEATH  
Better Children. Better Families.

Provider Name \_\_\_\_\_

Dates	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total	Office Use
<b>Attendance (X):</b>																	
<b>Name:</b>	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B		
	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM		
	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L		
<b>Age:</b>	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM		
	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D		
<b>Attendance (X):</b>																	
<b>Name:</b>	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B		
	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM		
	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L		
<b>Age:</b>	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM		
	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D		
<b>Attendance (X):</b>																	
<b>Name:</b>	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B		
	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM		
	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L		
<b>Age:</b>	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM		
	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D		
<b>Attendance (X):</b>																	
<b>Name:</b>	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B		
	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM		
	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L		
<b>Age:</b>	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM		
	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D		
<b>Attendance (X):</b>																	
<b>Name:</b>	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B		
	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM		
	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L		
<b>Age:</b>	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM		
	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D		
<b>Attendance (X):</b>																	
<b>Name:</b>	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B		
	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM		
	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L		
<b>Age:</b>	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM		
	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D		

Total Number of Meals Served:

B \_\_\_\_\_  
 AM \_\_\_\_\_  
 L \_\_\_\_\_

PM \_\_\_\_\_  
 D \_\_\_\_\_  
 EV \_\_\_\_\_

Total Attendance(x): \_\_\_\_\_

I certify that the information (records) submitted to receive reimbursement for meals through the CACFP are complete and accurate. If the submitted information is not complete and accurate, I understand that it may be necessary for my CACFP sponsor to disallow part or my entire claim. I understand that this information is being given in connection with the receipt of Federal funds; that the CACFP Sponsor official(s) or Tennessee Department of Human Services (TDHS) officials(s) may, for cause, verify information; that deliberate misrepresentation may subject me to CACFP termination and possible prosecution under applicable State and Federal criminal statutes.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_