



Daily Meal Count & Attendance Form

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

PORTER LEATH  
Better Children. Better Families.

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

Dates	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	Office Use
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Total Number of Meals Served:

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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: \_\_\_\_\_