

**OKLAHOMA STATE DEPARTMENT OF EDUCATION  
CHILD NUTRITION PROGRAMS (CNP)  
SEAMLESS SUMMER OPTION  
DAILY MEAL COUNT FORM**

Site: \_\_\_\_\_ Type of Meal Served: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_ Time of Meal Service and/or Delivery Time: \_\_\_\_\_

Total Meals Received/Prepared: \_\_\_\_\_ Day of Week: \_\_\_\_\_

First Meals Served to Children

1	11	21	31	41	51	61	71	81	91	101	111	121	131	141	151	161	171	181	191
2	12	22	32	42	52	62	72	82	92	102	112	122	132	142	152	162	172	182	192
3	13	23	33	43	53	63	73	83	93	103	113	123	133	143	153	163	173	183	193
4	14	24	34	44	54	64	74	84	94	104	114	124	134	144	154	164	174	184	194
5	15	25	35	45	55	65	75	85	95	105	115	125	135	145	155	165	175	185	195
6	16	26	36	46	56	66	76	86	96	106	116	126	136	146	156	166	176	186	196
7	17	27	37	47	57	67	77	87	97	107	117	127	137	147	157	167	177	187	197
8	18	28	38	48	58	68	78	88	98	108	118	128	138	148	158	168	178	188	189
9	19	29	39	49	59	69	79	89	99	109	119	129	139	149	159	169	179	189	199
10	20	30	40	50	60	70	80	90	100	110	120	130	140	150	160	170	180	190	200

**Total First Meals +**

**Total Meals Served =**

**Total Damaged/Incomplete Meals +**

**Total Leftover Meals +**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date