

Summer Food Service Program (SFSP) Meal Consolidation Form

Month: _____

Year: _____

Date	BREAKFAST				LUNCH				SUPPER or SNACK (circle one)			
	1st	2nd	FS	OA	1st	2nd	FS	OA	1st	2nd	FS	OA
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												
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0

Code: 1st = First meal per child
2nd = Second meal per child

FS = Food Service Adult meal
OA = Other Adult meal