# MEAL SERVICE RECORD

| Sponsor | Provider | Classroom | |
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| Chatham County Partnership for Children | | | |

"X" Box For WD Students

**You may claim up to two meals and one snack or one meal and two snacks. Mark "X" for Attendance and Meals. Shade entire box if you make a mistake.**

| | | | MON | | | | | | | TUE | | | | | | | WED | | | | | | | THU | | | | | | | FRI | | | | | | |
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| | PARTICIPANTS NAME | Age | At | B | A | L | P | S | E | At | B | A | L | P | S | E | At | B | A | L | P | S | E | At | B | A | L | P | S | E | At | B | A | L | P | S | E |
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| | New Students / Drop-Ins | Age | At | B | A | L | P | S | E | At | B | A | L | P | S | E | At | B | A | L | P | S | E | At | B | A | L | P | S | E | At | B | A | L | P | S | E |
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| | **Total Program Participants** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | **Total Non-Program Meals** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | **Total Program Staff Meals** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

I CERTIFY that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution under applicable state or federal statutes.

Provider's Signature _____ Date (mm/dd/yy) _____



Chatham County Partnership for Children