MEAL SERVICE RECORD

Sponsor Chatham County Partnership for Children	Provider	Classroom	

"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						
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
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
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