Daily Meals Served Checklist
Off-Site Feeding Program

Program **EIEP -** _____ **Date** _____
(name of school)

Elig. Code	Name	Brk.	Lun.

Elig. Code	Name	Brk.	Lun.

Adult Meals Sold:

Breakfast _____**x $** _____**= $**_____

Lunch _____**x $** _____**= $**_____

I will verify that this was completed correctly as meals were served.

Site Staff Signature _____

Date _____

For Cafeteria Use Only

Number of Breakfasts Served:

Free _____

Reduced _____ **x $**_____**= $**_____**(a)**

Full Price _____**x $**_____**= $**_____**(b)**

Number of Lunches Served:

Free _____

Reduced _____ **x $**_____**= $**_____**(c)**

Full Price _____**x $**_____**= $**_____**(d)**

Total Cash Collected **$**_____**(e)**

Total Breakfast & Lunches Sales (a+b+c+d) **$**_____**(f)**

Over / (Short) (e-f) **$**_____

Prepared By: _____

Date _____

Approved By: _____

Date: _____

School _____