AFTERSCHOOL SNACK PROGRAM
(NSLP - Snack)

DAILY SNACK COUNT FORM

Site _____ Day _____

Supervisor _____ Delivery Time _____ Date _____

Total Snacks Received/Prepared _____

First Snacks to Children:

1	11	21	31	41	51	61	71	81	91
2	12	22	32	42	52	62	72	82	92
3	13	23	33	43	53	63	73	83	93
4	14	24	34	44	54	64	74	84	94
5	15	25	35	45	55	65	75	85	95
6	16	26	36	46	56	66	76	86	96
7	17	27	37	47	57	67	77	87	97
8	18	28	38	48	58	68	78	88	98
9	19	29	39	49	59	69	79	89	99
10	20	30	40	50	60	70	80	90	100

Total First Snacks _____

Second Snacks to Children:

1 2 3 4 5 6 7 8 9 10

Total Second Snacks + _____

Snacks to Program Adults:

1 2 3 4 5 6 7 8 9 10

Total Program Adult Snacks + _____

Snacks to Non-Program (*paying)* Adults:

1 2 3 4 5 6 7 8 9 10

COMMENTS:

Total Non-Program Adult Snacks + _____

Total Snacks Served = _____

Total Damaged/Incomplete Snacks _____

Total Leftover Snacks _____

By signing below, I certify that the above information is true and accurate:

_____ Signature

_____ Date

TS/S/008