

**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	62	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	
Total Non-Program Adult Snacks +										_____

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