

PPS SUPPER Program - Daily Meal Count Form for ODE Reimbursement

Site Name: _____

Technician's Worksheet and Production Record must be completed daily. Sales must be recorded and reconciled daily. Sign and date completed meal count forms. Email completed meal count sheet to ns-supper@pps.net weekly.

Month: _____ Day: _____ Year: 2021 Clicker Count: _____ Earned meals: _____

Use the tally below only when clicker is not in use

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

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By signing below, I certify that this is an accurate account of meals served to children and adults at this site on this date.

Signature (person clicking or tallying) _____ Date: ____ / ____ / 2021

This institution is an equal opportunity provider.