

PPS Summer Meals - Daily Lunch Count for ODE Reimbursement

Provide the white copies to Nutrition Services every day. Keep the yellow copies at your site through September.

Site Name: _____

Date: _____ / _____ / 2025

Number of lunches delivered: _____

Cross off number as each child receives a lunch

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
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180
181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200

Lunches served to children ages 1 to 18: _____

Earned adult lunches (1 meal for every 20 children served): _____

If lunches ran out, how many children did not get a lunch: _____

Were lunches transferred from another park? Yes No

Number of lunches: _____ Transferred from: _____

Lunches donated to (attach receipt from nonprofit organization): _____

By signing below, I certify this is an accurate count of lunches at this site on this date.

Signature: _____

Date: _____ / _____ / 2025

This institution is an equal opportunity provider.

