DAILY MEAL COUNT EDIT WORKSHEET BY SITE

INSTRUCTIONS: For each day, compare the free, reduced-price, and paid ***actual meal counts,*** (C), (F), and (I), with the ***attendance-adjusted eligible*** (B), (E), and (H). When daily free, reduced-price, or paid meal counts exceed the attendance-adjusted eligible figures, include a brief justification in the "comments" section for number of meals claimed.

District/Agency Name (insert name below ⇩before duplicating form)

SITE | **CLAIM MONTH/YEAR** (MM/YY)

DATE	FREE			REDUCED-PRICE			PAID (ENROLLMENT MINUS FREE & REDUCED-PRICE)			COMMENTS
	(A) ELIGIBLE	(B) ELIG x AF*	(C) MEAL COUNT	(D) ELIGIBLE	(E) ELIG x AF*	(F) MEAL COUNT	(G) ELIGIBLE	(H) ELIG x AF*	(I) MEAL COUNT	

* USE THE NATIONAL ATTENDANCE FACTOR (AF) FOR THE CURRENT SCHOOL YEAR. AS AN EFFECTIVE MANAGEMENT TOOL, THE ACTUAL SITE AF MAY BE USED.

EVALUATOR'S SIGNATURE | **DATE**