02/24/2016
8:03 am

Weekly Attendance & Meal Count Worksheet

GNSI TEST SITE (100)

Week Of: 2/22/2016 - 2/26/2016

Sponsor: Georgia Nutritional Services, Inc. (4661b)

7708600509

(770) 860-0509

CLASSROOM #:			02/22/2016 MONDAY							02/23/2016 TUESDAY							02/24/2016 WEDNESDAY							02/25/2016 THURSDAY							02/26/2016 FRIDAY						
	AGE	NBR	CHILD NAME	Att	B	A	L	P	D	E	Att	B	A	L	P	D	E	Att	B	A	L	P	D	E	Att	B	A	L	P	D	E	Att	B	A	L	P	D	E
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	Page 1 Totals: * Special Diet																																					

CXFORMID1008
1227

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursment only for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution under applicable state or federal statutes.

Mark only an "X" within the lines! **This may be read by a machine.**

Teacher: _____ **Date:** _____

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CLASSROOM #:

	AGE	NBR	CHILD NAME	02/22/2016 MONDAY							02/23/2016 TUESDAY							02/24/2016 WEDNESDAY							02/25/2016 THURSDAY							02/26/2016 FRIDAY						
				Att	B	A	L	P	D	E	Att	B	A	L	P	D	E	Att	B	A	L	P	D	E	Att	B	A	L	P	D	E	Att	B	A	L	P	D	E
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	Page 3 Totals:		* Special Diet																																			

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CLASSROOM #:

	AGE	NBR	CHILD NAME	02/22/2016 MONDAY							02/23/2016 TUESDAY							02/24/2016 WEDNESDAY							02/25/2016 THURSDAY							02/26/2016 FRIDAY						
				Att	B	A	L	P	D	E	Att	B	A	L	P	D	E	Att	B	A	L	P	D	E	Att	B	A	L	P	D	E	Att	B	A	L	P	D	E
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	* Special Diet																																				
	Daily Totals:																																				
	Total Nbr of Program Staff Meals:																																				

CXFORMID1008
1227

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