

After School Snack (At-Risk/Non-At-Risk)
Menu/Food Production/ *Total Snacks Served

School District: _____ **Agreement #** _____
School: _____ **Site#:** _____
Snack Month and Year: _____

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|--|--|--|--|--|
| Date: Menu: _____/_____ Portion size _____/_____ #Snacks prepared _____/_____ #Snacks left over _____/_____ Total #of snacks served _____ | Date: Menu: _____/_____ Portion size _____/_____ #Snacks prepared _____/_____ #Snacks left over _____/_____ Total # of snacks served _____ | Date: Menu: _____/_____ Portion size _____/_____ #Snacks prepared _____/_____ #Snacks left over _____/_____ Total # of snacks served _____ | Date: Menu: _____/_____ Portion size _____/_____ #Snacks prepared _____/_____ #Snacks left over _____/_____ Total # of snacks served _____ | Date: Menu: _____/_____ Portion size _____/_____ #Snacks prepared _____/_____ #Snacks left over _____/_____ Total # of snacks served _____ |
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Daily information must include:

- Date:** March 17, 2017
- Menu:** Applesauce cups/Cheese sticks
- Portion size:** 4 ounces / 1 ounce
- Snacks prepared:** 35 Applesauce cups/35 Cheese sticks
- Snacks left over:** 10 Applesauce cups /10 Cheese sticks
- Total # of Snacks served:** 25 total (Please note any snack discrepancies)

Directions:

- Complete the above information for each day of the month the snack program is in operation.
- Please attach the daily point of service meal counting sheets to this report:
At Risk Programs – attach the monthly meal count report for the total number of snacks served daily
Non-At-Risk Programs – attach the monthly coded rosters for free/reduced/full price snack count

***Reminder:** Students must receive both snack components in order for a snack to be counted for reimbursement. Snack counts cannot be derived by subtracting snacks prepared from snacks left over. Please note any discrepancies (i.e. # of damaged snacks not served, etc.) _____