

Weekly Attendance & Meal Count Worksheet

Week Of: _____

Sponsor: **Child Food Program of Texas**

(281) 395-7000

TX Program No: 02058

281-395-7000

CLASSROOM			MONDAY					TUESDAY					WEDNESDAY					THURSDAY					FRIDAY				
AGE	NBR	CHILD NAME	Att	B	L	P	D	Att	B	L	P	D	Att	B	L	P	D	Att	B	L	P	D	Att	B	L	P	D
1					-		-			-		-			-		-			-		-			-		-
2					-		-			-		-			-		-			-		-			-		-
3					-		-			-		-			-		-			-		-			-		-
4					-		-			-		-			-		-			-		-			-		-
5					-		-			-		-			-		-			-		-			-		-
6					-		-			-		-			-		-			-		-			-		-
7					-		-			-		-			-		-			-		-			-		-
8					-		-			-		-			-		-			-		-			-		-
9					-		-			-		-			-		-			-		-			-		-
10					-		-			-		-			-		-			-		-			-		-
11					-		-			-		-			-		-			-		-			-		-
12					-		-			-		-			-		-			-		-			-		-
13					-		-			-		-			-		-			-		-			-		-
14					-		-			-		-			-		-			-		-			-		-
15					-		-			-		-			-		-			-		-			-		-
16					-		-			-		-			-		-			-		-			-		-
17					-		-			-		-			-		-			-		-			-		-
18					-		-			-		-			-		-			-		-			-		-
19					-		-			-		-			-		-			-		-			-		-
20					-		-			-		-			-		-			-		-			-		-
21					-		-			-		-			-		-			-		-			-		-
22					-		-			-		-			-		-			-		-			-		-

CXFORMID1008
1738

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

Teacher: _____ Date: _____