AK Family Child Care Food Program 7926 Old Seward Hwy Suite A-7, Anchorage, Alaska 99518 274-2237 Monthly Meal Count Sheet email to foodprogram@akfamilycca.org

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5T	н С	F	NEXT	MON	ГН

			DATE RECEIVED
Month:	Year:	Provider:	

ild First & Last Name	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		
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																																Totals	Total
Breakfast (B)																																(B)	
AM Snack (A)					1	1																										(A)	
Lunch (L)			1																													(L)	
PM Snack (P)					1																											(P)	
Dinner (D)																																(D)	
Evening Snack (E)																																(E)	

I certify that all the information submitted is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that department officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and criminal statutes. The program must be made available to all eligible children regardless of age, sex, handicap, race, color, religion, or national origin.

ROVIDER'S SIGNATURE:	DATE: