

NORTHWEST NUTRITION SERVICE DAILY MEALCOUNT FORM

Received: _____

Print Name: _____ Signature: _____ Acct#: _____ Phone: _____ Claim Month: _____ Year: _____

Records due by the 5th: Mail to P.O. Box 68365 Milwaukie Oregon 97268 (503) 653-7626 or Fax: (503) 653-1484 or email: information@nwnutritionservice.com.

I certify the information submitted is accurate in all respects. I understand that this information is given in connection with the receipt of federal funds and that deliberate misrepresentation may result in State or Federal prosecution.

"X" Non-School Days		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	Office Use Only				
First/Last Name Milk _____ Age: _____ Relative: <input type="checkbox"/>	B																																		B		
	L																																		L		
	D																																			D	
	AM																																			AM	
	PM																																			PM	
	LS																																			LS	
First/Last Name Milk _____ Age: _____ Relative: <input type="checkbox"/>	B																																		B		
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First/Last Name Milk _____ Age: _____ Relative: <input type="checkbox"/>	B																																			B	
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