

**FRUITS AND VEGETABLES - DAILY MEAL AND SNACKS COUNT FORM**

1. Your Name:
2. Name of School:
3. Target Week Dates: From \_\_\_/\_\_\_/20\_\_\_ To \_\_\_/\_\_\_/20\_\_\_
4. Please record the **total number of students enrolled** in your school.
5. For each day of the target week, please record the **total number of USDA reimbursable meals and snacks** (breakfast, lunch, FFVP snacks) **served in your school**. Do *not* include meals for which you do not claim reimbursement, for example, second lunches sold to student on an à la carte basis.

	Total Number of Reimbursable Breakfast Served	Total Number of Reimbursable Lunch Served	Total Number of Reimbursable FFVP Snacks Served
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*