

**E2.2 EXPANDED MENU SURVEY BOOKLET: INSTRUCTIONS AND FORMS  
(FULL AND LIMITED OUTLYING AREAS)**

**Menu Survey Screener – Expanded (Full and Limited Outlying Areas)**

**Daily Meal Counts Form (Full Outlying Areas)**

**Reimbursable Foods Form- Breakfast (Full and Limited Outlying Areas)**

**Reimbursable Foods Form – Lunch (Full and Limited Outlying Areas)**

**Recipe Form – Expanded (Full and Limited Outlying Areas)**

**Self-Serve/Made to Order Bar Form – Expanded (Full Outlying Areas)**

**Non-Reimbursable Foods Form (Full Outlying Areas)**

**Non-Reimbursable Food Inventory (Full Outlying Areas)**

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## **Menu Survey Forms Completed by:**

### Full-Approach Outlying Areas

- Daily Meal Counts Form
- Reimbursable Foods Forms for Lunch and Breakfast
- Recipe Form
- Self-Serve/Made-to-Order Bar Form
- Non-Reimbursable Foods Form
- Non-Reimbursable Foods Inventory

### Limited-Approach Outlying Areas (to be completed at the SFA level)

- Reimbursable Foods Forms for Lunch and Breakfast
- Recipe Form

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# School Nutrition and Meal Cost Study-II

## Instructions for the Menu Survey (Expanded, Outlying Areas)

### Sponsored by:

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Food and Nutrition Service

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## INTRODUCTION FOR THE MENU SURVEY

Thank you for participating in the **School Nutrition and Meal Cost Study-II**. Without your help, and the help of school nutrition professionals like you in the outlying areas, this important study could not be done.

As part of this study, you are being asked to complete a **Menu Survey**. The objective of the Menu Survey is to obtain a complete and accurate description of the foods prepared and served by your school nutrition program, including foods offered in reimbursable meals [*for full approach only*] and sold a la carte or in other non-reimbursable venues. You will complete the survey forms during a specified time period, referred to as the “target week.” The target week for your school is shown on the front of the Menu Survey Folder.

The information you provide will be used to estimate the cost of producing reimbursable meals for the National School Lunch Program and School Breakfast Program. This study is important because an accurate assessment of meal costs could eventually be used to adjust per-meal reimbursement rates in outlying areas.

This **Instruction Manual** describes the Menu Survey and provides easy-to-follow instructions for completing the survey forms. Along with the manual is a set of **sample completed forms** that may be useful when you are completing your own survey forms. Be sure to look over the sample completed forms. Below, we describe the forms included in the Menu Survey Folder. The rest of this manual explains how to complete each form.

### Daily Meal Counts Form [full approach only]

This one-page form (blue paper) is located behind the first tab inside the Menu Survey Folder. This is a very simple form. All you have to do is write in the number of reimbursable NSLP lunches and SBP breakfasts you served each day of the target week, by reimbursement category. At the bottom of the form, you will write in your non-reimbursable food sales each day of the week or as a total across the week, by venue (if applicable). Additional instructions are provided at the top of the form.

### Reimbursable Foods Forms for Lunch and Breakfast

You will fill out these forms each day of the target week. They are located in colored folders in the Menu Survey Folder labeled by day of the week (Monday forms, Tuesday forms, etc.). There are separate forms for breakfast (yellow paper) and lunch (white paper). You will use these forms to provide information about all foods and beverages offered in reimbursable meals, including portion sizes; the number of portions prepared, served in reimbursable meals, sold a la carte or to adults, left over, and wasted; and detailed food descriptions. You will also indicate whether an item was a USDA Food or prepared from a recipe.

### Recipe Forms

A booklet of Recipe Forms (grey paper) is located behind the “Recipes” tab in the Menu Survey Folder. You will use the Recipe Forms to provide information on foods made from

scratch or by combining two or more foods or ingredients during the target week. Alternatively, you can provide printed copies of recipes instead of completing these forms.

### **Self-Serve/Made-to-Order Bar Form [full approach only]**

Behind the next tab in the Menu Survey Folder is another booklet of forms (lavender paper) for you to use to provide information about “self-serve” bars, such as salad bars and condiment bars, as well as made-to-order bars such as deli bars. If your school offers self-serve or made-to-order bars, you will use a Self-Serve/Made-to-Order Bar form to describe the foods offered on each bar.

### **Non-Reimbursable Foods [full approach only]**

If your food service department sells non-reimbursable foods—that is, foods that are sold solely on a non-reimbursable or a la carte basis and not offered as part of reimbursable meals or snacks—you will complete either the Non-Reimbursable Foods Form or the Non-Reimbursable Foods Inventory. These forms are only for non-reimbursable food items sold in venues that are operated or stocked by the food service department.

### **Non-Reimbursable Foods Form [full approach only]**

You will use the Non-Reimbursable Foods Form (orange paper) to record counts of each non-reimbursable item sold—either each day or as a total for the target week. You may use your daily or weekly sales report, if available, to help you fill out this form.

### **Non-Reimbursable Foods Inventory [full approach only]**

If you are not able to report daily or weekly counts of non-reimbursable items sold, you may use the Non-Reimbursable Foods Inventory (orange paper) to provide information about non-reimbursable foods. You will use this form to record, for each non-reimbursable food item, the starting inventory on Monday of the target week, any deliveries received during the week, and then the ending inventory on Friday.

### **The Rest of This Manual**

The rest of this manual includes step-by-step instructions for completing each of the Menu Survey forms. For each form, a completed sample form is provided. Please take the time to review the instructions and all of the sample completed forms before beginning the Menu Survey.

### **If You Need Assistance**

We will be calling you before the start of the target week and again during the target week to answer any questions you may have. If you have questions or need assistance at any other time before, during, or after the target week, feel free to call or email our technical assistants at [TA help line] or [TA email address]. **Thank you for your assistance with this important study!**



## **General Guidelines for Completing the Menu Survey**

### **Getting Started**

Please read this manual carefully. **Be sure to review the sample completed forms that are provided.**

### **Off-Site Kitchens [full approach only]**

If your school receives prepared meals or any components of reimbursable meals from another school, a central kitchen, or an outside vendor during the target week, we ask that you obtain food descriptions, product information, and recipes for these foods, as needed. You may wish to discuss strategies for this task with your school food authority (SFA) director.

If your schools sends prepared meals or foods (either for reimbursable meals or non-reimbursable foods), you will be asked to provide information on the foods that are sent off-site.

### **Filling Out Forms**

- ✓ Use *pencil* on all forms.
- ✓ Write *clearly* and *legibly* (especially when recording numbers).
- ✓ Write the name of your school and the date (if applicable) at the top of each form.
- ✓ Double-check your work at the end of each day to be sure you have provided all the necessary information.

### **At the End of the Week**

When you have completed all forms included in the Menu Survey, please double-check your work to make sure you have provided all the necessary information. Please place the completed forms in the empty plastic envelope at the back of the Menu Survey Folder. **Return all completed survey materials to Mathematica in the pre-addressed envelope provided.**

## Instructions for Completing the Reimbursable Foods Forms

**Purpose:** To describe foods and beverages that are offered as part of USDA reimbursable lunches and breakfasts during the target week, and [*for full approach only*] to provide information on the number of portions of each item prepared, served in reimbursable meals, sold a la carte, left over, and wasted (and sent off-site, if applicable).

**Location:** The Reimbursable Foods Forms are located in the five colored folders labeled Monday-Friday, in the Menu Survey Folder. **Separate forms are provided for breakfast (yellow) and lunch (white).**

### Notes:

- **If your school offers reimbursable fruits and vegetables through the *Fresh Fruit and Vegetable Program* during the target week**, do **NOT** include these fruits and vegetables on the Reimbursable Foods Form unless they are offered as part of reimbursable lunches and breakfasts. [*For full approach only*] If that is the case, be sure to report only the portions that were prepared and served as part of reimbursable meals.
- **If your school offers meals to pre-kindergarten students**, do **NOT** include any foods that are offered only to these students and [*for full approach only*] do NOT include the meals offered to these students when reporting the number of reimbursable meals planned and served each day.
- **Be sure to look at the sample completed Reimbursable Foods Forms that are provided.** Looking at the sample forms as you read the instructions will make it easier to understand what you need to do when filling out the forms.

## How to Complete the *Reimbursable Foods Form*

### Reimbursable Meal Counts

On the top right-hand corner of the form, you will see the **Reimbursable Meal Counts** box. The questions in this box ask about the number of reimbursable meals (breakfast or lunch) you *planned* to serve for the day and the number of reimbursable meals that you *actually* served that day. Record the answers to both questions in the spaces provided. Your production records may include this information. If not, you may need to talk to your SFA director to obtain it.

### Column A: Food Item

You will use this column to identify foods and beverages offered in reimbursable meals each day. Most foods are already listed for you. Others you will need to write in. In thinking about all the foods offered in your cafeteria each day and deciding which ones to include on this form, keep the following in mind:

**DO INCLUDE:**

- All foods and beverages offered in **reimbursable meals** (even if they may not count toward USDA meal pattern requirements).
- All condiments, salad dressings, optional toppings, desserts, and snack items.

**DO NOT INCLUDE:**

- Foods and beverages that are offered *only* a la carte or *only* to adults. (Instead, record these food and beverages on the Non-Reimbursable Foods Form or Non-Reimbursable Foods Inventory.)
- Foods and beverages that are offered and served *only* to pre-kindergarten students.
- Foods and beverages that were planned for a given day, but not actually prepared at your school because a substitution was made.

**When foods are paired or offered together:**

When a bread/grain, meat/meat alternate, fruit, or vegetable offering is paired with, or offered **only** with another menu item, add a note in Column A to make this clear.

**Examples:**

- For crackers that are offered **only** with a Chef's salad, add a note...  
Crackers **w/ Chef's salad**
- For toast that is offered **only** with cereal, add a note...  
Toast **w/ cereal**
- For a cheese stick that is offered **only** with a peanut butter sandwich, add a note...  
Cheese stick **w/ peanut butter sandwich**
- For blueberries that are offered **only** with pancakes, add a note...  
Blueberries **w/ pancakes**

**When writing in foods that are not already listed on the form:**

- Record foods in their appropriate food group sections whenever possible. Blank lines are provided at the end of each section for your entries. A generous amount of additional space is provided at the end of the form for recording items that do not fit in the individual food group sections (for example, not enough blank lines for additional fruits), as well as items that belong in a food group that is not listed on the form.
- Salad bars, condiment bars, and other food bars, whether self-serve or made-to-order, should be listed as single menu items. Salad bars (both side salad bars and entrée salad bars) and other common theme bars are prelisted. Use separate lines for any self-serve bars that are not prelisted.
- If your school offers bag or box meals or fully preplated meals, write each type of meal on a separate line. Complete a Recipe Form for each type of meal to identify all of the foods and beverages included in the meal.

**If your school offers different foods to students in different grade groups:**

- Record each food offered separately and add a note in Column A to make it clear which foods are offered to each grade group.

**Example:**

If your school serves students in grades 6-8 and 9-12 and different entrées are offered to each grade group, you would indicate this by listing each food separately and adding a note next to each food, as shown below.

| A.                             |
|--------------------------------|
| Food Item                      |
| Taco <i>for grades 6-8</i>     |
| Burrito <i>for grades 9-12</i> |

**Column B: Portion Size**

For each item offered in reimbursable meals, write the size of one individual serving, as offered to students.

- Include both the **amount** and the **unit of measure** (if not already printed on the form). For example:

| Food Item     | Amount        | Unit |
|---------------|---------------|------|
| Broccoli      | $\frac{3}{4}$ | cup  |
| Chicken patty | 2.5           | oz.  |
| Tossed salad  | $\frac{1}{2}$ | cup  |

You may change the printed unit for any food if your school serves the item in a different unit of measure.

- Include the *weight* (oz.) of one portion whenever available, especially for commercially prepared foods, such as burritos, chicken or fish nuggets, pizza, doughnuts, or cookies.
- For foods that are offered self-serve, write “self-serve” as the portion size.
- If your school offers different portion sizes of the same food, for example to students in two different grade groups, you will need to list the food twice (on two separate lines) and write in the different portion sizes.

**Example:**

If your school serves students in grades 6-8 and 9-12 and you offer different portion sizes for canned peaches, you would indicate this by listing the food twice and adding a note about which portion size applies to which grade group,

as shown below.

| A.                                     | B.  |
|--|---|
| <b>Food Item</b>                       | <b>Portion Size<br/>(Include<br/>Units)</b> |
| Peaches, canned <i>for grades 6-8</i>  | ½ cup                                       |
| Peaches, canned <i>for grades 9-12</i> | 1 cup                                       |

### Column C: Number of Portions [for full approach only]

In the sub-columns under Column C, for each menu item, you will enter the total number of portions prepared, and the number of portions sent off-site (if applicable), served to students in reimbursable meals, served a la carte or to adults/others, left over and saved for later use, and wasted. Note that the number of portions entered in the last five sub-columns (Sent Off-Site, Reimbursable Served, Served a La Carte or to Adults/Others, Left Over for Later Use, and Wasted) should add up to the total number of portions prepared (Total Prepared).

#### Total Portions Prepared

For each menu item, enter the total number of portions prepared. Include portions that are prepared for reimbursable meals at your school as well as portions that are prepared to be sent off-site, served a la carte and to adults or others. For pre-packaged foods and beverages, the total number of portions prepared refers to the number of individual packages that are put out in the serving area. For example for cartons of juice, write the number of cartons that are placed on the serving line before and throughout the meal period.

#### Portions Sent Off-Site (if applicable)

If your school prepares food to be served at other schools or facilities, enter the total number of portions for each item that is sent off-site. Include portions sent off-site on the day they are sent – it doesn't matter if they will be served on the same day or another day. If your school does not prepare food to be served at other schools or facilities, you do not need to complete this column.

#### Reimbursable Portions Served

For each menu item, enter the number of reimbursable portions served to students at your school (excluding portions sold a la carte or to adults/others). Your production records may include this information; if not, you may need to talk to your SFA director about putting a procedure in place to record it for the target week. If a menu item is prepared and available to students but none are served in reimbursable meals, be sure to enter a zero in the Reimbursable Served column.

### Portions Served A La Carte or to Adults/Others

Also for each menu item, enter the number of portions that are served a la carte, to adults, or to others who are not receiving meals through the NSLP or SBP. If no portions are served a la carte or to adults, enter zero in this column.

### Portions Left Over for Later Use

At the end of each meal, enter the number of portions that were not served on this day, but were leftover and may be served on a different day. For instance, this may include cartons of milk or juice to be used on the following day. Do not include leftover portions that are thrown away. If no portions are left over and saved for later use, enter zero in this column.

### Portions Wasted

Also enter the number of portions that were not served and must be thrown out because they cannot be used on a different day. For instance, this may include food prepared in a large dish, such as macaroni and cheese. If no portions are wasted, enter zero in this column.

#### Example:

Note that for each of the following menu items, the number of portions entered in the last five sub-columns (Sent Off-Site, Reimbursable Served, Served a La Carte or to Adults/Others, Left Over, and Wasted) add up to the total number of portions prepared (Total Prepared).

| A.<br>Food Item     | B.<br>Portion Size<br>(Include Units) | C.<br>Number of Portions |              |                     |                                       |                         |        |
|---------------------|---------------------------------------|--------------------------|--------------|---------------------|---------------------------------------|-------------------------|--------|
|                     |                                       | Total Prepared           | Sent Offsite | Onsite              |                                       |                         |        |
|                     |                                       |                          |              | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted |
|                     |                                       |                          |              |                     |                                       |                         |        |
| Orange juice        | 8 fl. oz.                             | 140                      | 0            | 120                 | 10                                    | 10                      | 0      |
| Macaroni and cheese | 1 cup                                 | 200                      | 20           | 160                 | 0                                     | 0                       | 20     |

### Column D: Manufacturer/Brand Name and Product Code

This column is used to provide information on the manufacturer, brand name, and product code of certain foods listed in Column A. We have shaded this column for pre-listed foods that do not require manufacturer/brand name, or a product code.

- For all other commercially prepared food products you serve, including entrees, meat/meat alternates, and most bread/grain items (including biscuits, doughnuts, breakfast pastries, and pancakes), please fill in the manufacturer/brand and product code information in Column D.

- Please do your best to record whatever manufacturer and/or brand information is available (or at least how the food is described on the package label) for all required foods. **Always** include a product code, if available. The product code is usually located on the label of the box in which commercially prepared food products are delivered. An example is shown below.



- Below are additional examples of manufacturer and brand names, and products codes, for some foods.

| Food Item<br>(Column A) | Manufacturer/Brand Name<br>and Product Code (Column D) |
|-------------------------|--|
| Pizza, pepperoni        | Schwan's/Tony's 78546                                  |
| Super Donut             | Super Bakery 6001                                      |
| Pancake-on-a-stick      | State Fair 70481                                       |

### Column E: Food Description

This column is used to provide detailed descriptions of foods. For most of the pre-listed items, you will need to check a box or write in a response. For example, for some foods you will be asked to check whether a food is regular, low-fat or fat-free, or if it is breaded or has icing. For some foods you will be asked to specify the type or variety of the food, such as the type of bread (100% whole wheat, rye bread, etc.), or the flavor of milk or yogurt.

It is especially important to complete this column for commercially prepared products and items that you add to the form. Please provide as complete a description of the item as possible. Depending on the item, this may include information on:

- ✓ type (**100% whole wheat** bread, **rye** bread, **blueberry** muffin, **unbreaded** chicken patty, **low-sodium** green beans)
- ✓ form (**fresh**, **frozen** or **canned** vegetable or fruit)
- ✓ flavor (**Strawberry** milk, **oatmeal** cookie, **vanilla** yogurt)
- ✓ fat content (**low-fat** yogurt, **reduced-fat** sour cream, **fat-free** salad dressing)

**Column F: Check Box if USDA Food**

For food items in Column A that are donated USDA Foods, including processed USDA Foods, place a check mark in the box in Column F.

**Column G: Check Box if Prepared from a Recipe**

For foods in Column A that are prepared from a recipe—that is, foods that are made from scratch or by combining two or more foods or ingredients—place a check mark in Column G. Use these checkmarks to remind you to complete a Recipe Form or provide a printed recipe.

We have shaded this column for pre-listed foods that do not require recipes. If the column is not shaded, you may need a recipe, depending on the food. For example, for purchased pizza that is served as is, a recipe is not needed. For pizza that is prepared from scratch or is a modified version of a purchased product (for example, you added your own toppings), a recipe is needed.



## Instructions for Completing the Recipe Forms

**Purpose:** To describe the types and amounts of ingredients used in preparing foods made from scratch or made by combining two or more foods or ingredients.

**Location:** A booklet of Recipe Forms (grey) is located behind the “Recipes” tab in the Menu Survey Folder. If you need more forms than are included in the booklet, make copies of the form and file the completed extra forms inside the Recipe Form booklet.

**Notes:**

- **You may not have to fill out the Recipe Form if a printed copy of the recipe is available.** See the special instructions later in this section (page 14).
- **A recipe is needed for every item that is prepared from scratch or prepared by combining two or more foods or ingredients.** This includes all sandwiches and foods prepared or cooked with added butter, margarine, dressings, or other condiments.
- **Some foods may need more than one Recipe Form.** For example, for a tuna salad sandwich, you will need to use two Recipe Forms—one for the tuna salad mixture and one for the assembled tuna salad sandwich. The same is true for a brownie or cake with icing. See the sample completed Recipe Forms for an example of a situation where two Recipe Forms are needed.
- **If the same recipe was prepared more than once during the target week, you only need to fill out a Recipe Form once and be sure to check the boxes at the top of the form to indicate which days of the week the recipe was served, *unless the recipe is prepared differently on other days of the week.*** If variations of a recipe are used on different days, a separate Recipe Form is needed for each variation.
- **Be sure to look at the sample completed Recipe Forms that are provided.** Looking at these forms as you read the instructions will make it easier to understand what you need to do when filling out the form.

## How to Complete the Recipe Forms

### Recipe/Food Name

Write the complete name of the recipe or food on the line provided in the upper right hand corner of the form. Please be sure that the name is clear enough that we will be able to match it up with the appropriate item on the Reimbursable Foods Form.

For recipes that are used in other recipe items, mention both recipes in the name. For example, *“Tuna salad for tuna sandwich.”*

### Meal

Check the meal or meals in which the recipe/food item was offered.

### Day

Check the day or days of the target week on which the recipe/food was offered. Check “all” if the item is offered every day.

### Size of One Serving

Write the size of one individual serving, as offered to students. Include both the **amount** and **unit of measure** (*Examples: 1/4 cup, 8 fluid ounces, 1 sandwich*).

### Number of Servings Prepared

Please record the **total number of individual servings prepared** (recipe yield) in the space provided. For some items, such as sandwiches, the Recipe Form describes the ingredients or components of a single serving (*Examples: 1 sandwich, 1 Chef’s salad*).

### Column A: Ingredient Name

List all foods and ingredients used to prepare the recipe/food. Remember to include all items used in food preparation, including seasonings and salt, as well as oils, butter, margarine, and other fats used in cooking.

### Column B: Amount in Recipe

For each item listed in Column A, write the amount used in Column B. Be sure to include information on both the **amount** and the **unit of measure** (*Examples: 2 Tbsp., 6 oz., 5 cups, 7.5 gallons, 35 lbs.*).

Be sure to provide amount information on the form of the ingredient *when it was measured*. For example, was pasta or rice measured cooked or uncooked? Was meat measured raw or after cooking? Was the cheese sliced, cubed, shredded, or grated?

### Column C: Manufacturer/Brand Name and Product Code

If the ingredient or food listed in Column A is a commercially prepared food, list the manufacturer and/or brand name as well as the product code.

### Column D: Ingredient Description

For each item listed in Column A, use this column to provide details about the food or ingredient. Depending on the item, this may include information on:

- ✓ type (**whole wheat** flour, **brown** rice, **ground** turkey, **low-sodium** tomato sauce)
- ✓ form (**fresh**, **frozen** or **canned** vegetables, fruits, or meats)
- ✓ cooking status (**cooked**, **uncooked**, **dry**, **raw**)
- ✓ fat content (**part-skim** cheese, **1% fat** milk, **fat-free** mayonnaise)
- ✓ whether **whole grain-rich**

See the sample completed forms for examples of ingredient descriptions.

### Column E: Check Box if USDA Food

For ingredients in Column A that are donated USDA Foods, including processed USDA Foods, place a check mark in the box in Column E.

### Column F: Check Box if Prepared from a Recipe

For ingredients in Column A that require a recipe, place a check mark in the appropriate box in Column F. Use these checkmarks to remind you to complete an additional Recipe Form.

**Note: Recipes are needed for all items that are made by combining two or more foods or ingredients.**

### If You Can Provide a Printed Copy of the Recipe...

#### *Be sure to:*

- Staple or clip a copy of the printed recipe to a blank Recipe Form in the booklet, and indicate on the Recipe Form the meal and days the recipe was used.
- Mark the recipe, as needed, to show how the recipe was prepared in your school, and make sure the name of the recipe matches the name used on the Reimbursable Foods Form.

#### *Make sure the recipe includes:*

- Yield information: **size of one serving** and **number of servings prepared**.
- A complete description of all ingredients, including manufacturer and/or brand and product code for commercially prepared food products.
- An indication of any ingredients that are USDA Foods, for example, write “USDA” beside the ingredient name.

## Instructions for Completing the Self-Serve/ Made-to-Order Bar Forms

**Purpose:** To describe the ingredients included on self-serve bars such as salad bars, theme bars, and condiment bars; made-to-order bars such as deli bars.

**Location:** A booklet of Self-Serve/Made-to-Order Bar Forms (lavender) is located behind the “Self-Serve Bars” tab in the Menu Survey Folder.

**Notes:**

- A separate Self-Serve/Made-to-Order Bar Forms must be completed for each type of self-serve bar or made-to-order bar offered. **If the same bar was offered more than once during the target week**, you only need to fill out one Self-Serve/Made-to-Order Bar Forms and indicate the days on which the bar was offered. **If the foods/ingredients offered on the bar differ on other days of the week**, a separate form is needed for each day they are different.
- **Be sure to look at the sample completed Self-Serve/Made-to-Order Bar Forms that are provided.** Looking at these forms as you read the instructions will make it easier to understand what you need to do when filling out the form.

### How to Complete the Self-Serve/Made-to-Order Bar Forms

#### Name of Bar

Write the complete name of the self-serve/made-to-order bar on the line provided in the upper right hand corner of the form. Please be sure that the name is clear enough that we will be able to match it up with the same item on the Reimbursable Foods Form.

#### Meal

Check the meal or meals in which the bar was offered during the target week.

#### Day

Check the day or days of the target week on which the bar was offered. Check “all” if the bar (with all the same ingredients) is offered every day.

#### Column A: Food Name

List all foods and ingredients offered on the bar. If you need additional lines, write the name of the bar and “continued” on a blank Self-Serve/Made-to-Order Bar Form and list remaining foods/ingredients.

### Column B: Portion Size (if pre-portioned)

*For pre-portioned items only*, describe the size of one portion. This includes items such as baked potatoes, tortillas, packaged crackers, boxes of raisins, or packages of sunflower seeds. It also includes items that might be portioned out by cafeteria servers, such as pasta on a pasta bar, cold cuts on a deli bar, or meat and cheese items on a salad bar.

Be sure to include information on both the **amount** and the **unit of measure** for pre-portioned items. See the sample completed Self-Serve/Made-to-Order Bar Forms for examples.

### Column C: Manufacturer/Brand Name and Product

For commercially prepared food products, please record the manufacturer and/or brand name and a product code in Column C.

### Column D: Food Description

For each item listed in Column A, use this column to provide details about the food or ingredient. Depending on the item, this may include information on:

- ✓ type (**100% whole grain** bread, **rye** bread, **graham** cracker, **cheddar** cheese, **low-sodium** green beans, **deli** turkey)
- ✓ form (**fresh**, **frozen** or **canned** vegetables or fruit)
- ✓ cooking status (**cooked**, **uncooked**, **dry**, **raw**)
- ✓ fat content (**low-fat** yogurt, **reduced-fat** sour cream, **fat-free** salad dressing)
- ✓ whether **whole grain-rich**

See the sample completed forms for examples of ingredient descriptions.

### Column E: Check Box if USDA Food

For foods in Column A that are donated USDA Foods, including processed USDA Foods, place a check mark in the box in Column E.

### Column F: Check Box if Prepared from a Recipe

For foods in Column A that require a recipe, place a check mark in the appropriate box in Column F. Use these checkmarks to remind you to complete a Recipe Form.

**Note: Recipes are needed for all items that are made by combining two or more foods or ingredients.**

## Instructions for Completing the Non-Reimbursable Foods Form

**Purpose:** To describe foods that are sold only on a non-reimbursable or a la carte basis and to provide information on the number of portions of each item sold—either each day of the target week or as a total across the week.

### Notes:

- Non-reimbursable foods are not offered as part of reimbursable meals or snacks.
- **Include only non-reimbursable foods from venues that are operated or stocked by the food service department**, including foods sold on an a la carte-only basis in cafeteria serving lines, in vending machines, snack bars, school stores, and food carts.
- You will use one Non-Reimbursable Foods Form for the whole week.
- You may use your daily or weekly sales report, if available, to help you fill out this form.
- **Be sure to look at the sample completed Non-Reimbursable Foods Form that is provided.** Looking at this sample as you read the instructions will make it easier to understand what you need to do when filling out the form.

## How to Complete the Non-Reimbursable Foods Form

### Meal

At the top of the form, check the appropriate box or boxes to indicate when any non-reimbursable foods are offered: during breakfast, lunch, and/or outside of meal periods. Foods may be offered outside of meal periods, just one time, or throughout the day.

### Where Offered

Non-reimbursable foods may be sold on cafeteria serving lines or in other venues, such as vending machines, snack bars, school stores, or food carts or at another school or facility off-site. Indicate the venues where the non-reimbursable food items listed on this form are offered, checking all boxes that apply. If the food service department sells non-reimbursable foods in a venue that is not listed, check “Other,” and write in the name of the venue.

### Column A: Food Name

At the start of the target week, use this column to list all non-reimbursable items that are sold across all venues. Creating a list of items at the start of the week will make the form easier to fill out.

If a food item is available in different flavors but the brand and package sizes are the same, (for example, different flavors of 12 fl oz Gatorade®), you can list the items once.

### Column B: Portion Size

For each non-reimbursable item, write the size of one individual serving, as offered. Include both the **amount** and the **unit** of measure.

- If any items that are pre-packaged, record the actual package size, weight, or volume (2.5 oz or 12 fl oz), not “1 package.”
- For items prepared from recipes, write the size of one individual serving (“1/2 cup” vanilla pudding) or simply the number of items offered (“1 sandwich,” “2 pieces,” or “1 each”).
- If a food or beverage item is offered in more than one portion size, you will need to list the item more than once, on separate lines for each portion size.

| A.               | B.                                      |
|------------------|---|
| <b>Food Name</b> | <b>Portion Size<br/>(Include Units)</b> |
| Pizza, pepperoni | 5.0 oz                                  |
| Pizza, pepperoni | 3.5 oz                                  |

### Column C: Check Box if Prepared from a Recipe

If an item was prepared from a recipe, check the box in Column C. Use these checkmarks to remind you to complete a Recipe Form or provide a printed recipe. Remember that recipes are needed for all items that are made by combining two or more foods or ingredients.

### Column D: Manufacturer/Brand Name and Product Code

For commercially prepared foods that are not prepared from a recipe, please record the manufacturer/brand name and a product code (if available) in Column D. Below are examples of manufacturer/brand names and products codes for some foods.

| A.                 | D.  |
|--------------------|---|
| <b>Food Name</b>   | <b>Manufacturer/Brand Name and Product Code</b> |
| Pizza, pepperoni   | Schwan's/Tony's 78546                           |
| Super Donut        | Super Bakery 6001                               |
| Pancake-on-a-stick | State Fair 70481                                |

### Column E: Food Description

For each item listed in Column A, use this column to provide details about the type or variety of the food. Please provide as complete a description of the item as possible. Depending on the item, this may include information on:

- ✓ type: such as **100% whole wheat** bread, **rye** bread, **blueberry** muffin, **un-breaded** chicken patty, **low-sodium** green beans
- ✓ form: such as **fresh**, **frozen** or **canned** vegetable or fruit
- ✓ flavor: for example **strawberry** milk, **oatmeal** cookie, **vanilla** yogurt; and
- ✓ fat content: such as **low-fat** yogurt, **reduced-fat** sour cream, **fat-free** salad dressing

If a food item is available in different flavors and the brand and package sizes are the same, group the items and list them only once with the food description "assorted flavors or types." An example of this is Gatorade®, which comes in many flavors. You would record this by listing the name and portion size of the item, Gatorade®, 12 oz., and "Assorted flavors" in Column E, for the Food Description.

### Column F: Daily Number of Portions

You will use the sub-columns under Column F if you can report the number of portions of each item sold each day of the target week. Be sure to include counts from all venues operated or stocked by the food service department.

#### Sent Off-Site (if applicable)

If your school sends any non-reimbursable foods to other schools or facilities, enter the number of portions of each item that are **sent off-site**. Include portions sent off-site on the day they are sent—it doesn't matter if they will be sold on the same day or another day.

#### Sold Onsite

For all non-reimbursable items, enter the total number of portions **sold onsite** that day. If an item is offered but not sold, be sure to enter zero.

#### Left Over for Later Use

For any non-reimbursable items that require some preparation (for example, heating) or are prepared from a recipe, enter the number of portions that were not sold and instead, were leftover and saved for later use. For example, this may include cookies prepared from a recipe that are wrapped in plastic wrap and may be offered the following day. For foods sold in their original packaging, enter a zero in this column.

#### Wasted

For any non-reimbursable items that require some preparation (for example, heating) or are prepared from a recipe, enter the number of portions that were not sold and must be



thrown out because they cannot be served on a different day. For instance, this may include frozen pizza that has already been removed from its package and heated. For foods sold in their original packaging, enter a zero in this column.

**And remember, if there are no portions to enter in a column, enter zero.**

### Column G: Weekly Total Number of Portions

If you prefer to record counts of the number of portions sold across the entire week, you will record those weekly counts in Column G. Be sure to include counts from all venues operated or stocked by food service.

### Sent Off-Site (if applicable)

If your schools sends any non-reimbursable foods to other schools or facilities, enter the number of portions of each item that are **sent off-site**.

### Sold Onsite

For all non-reimbursable items, enter the total number of portions **sold onsite** that day. If an item is offered but not sold, be sure to enter zero.

### Left Over for Later Use

For any non-reimbursable items that require some preparation (for example, heating) or are prepared from a recipe, enter the number of portions that were not sold and instead, were leftover and saved for later use. For example, this may include cookies prepared from a recipe that are wrapped in plastic wrap and may be offered the following day. For foods sold in their original packaging, enter a zero in this column.

### Wasted

For any non-reimbursable items that require some preparation (for example, heating) or are prepared from a recipe, enter the number of portions that were not sold and must be thrown out because they cannot be served on a different day. For instance, this may include frozen pizza that has already been removed from its package and heated. For foods sold in their original packaging, enter a zero in this column.

**And remember, if there are no portions to enter in a column, enter zero.**

## Instructions for Completing the Non-Reimbursable Foods Inventory

**Purpose:** To describe and record inventory information for non-reimbursable foods for which you **do not** have the daily or weekly count of units sold for each food item. You will use this form to take an inventory of the foods at the start of the week, record the quantity of foods received during the week, and then the inventory left at the end of the week.

### Notes:

- Non-reimbursable foods are not offered as part of reimbursable meals or snacks.
- **Include only non-reimbursable foods from venues that are operated or stocked by the food service department**, including foods sold on an a la carte-only basis in cafeteria serving lines, in vending machines, snack bars, school stores, and food carts.
- The goal of this form is to provide information about the weekly **INVENTORY** and should only be used if you do not have daily or weekly counts of the number of portions sold. If you have daily or weekly counts, complete the Non-Reimbursable Foods Form instead.
- You will use one Non-Reimbursable Foods Inventory for the whole week.
- Be sure to inventory foods and beverages that are non-perishable, refrigerated, and frozen. **Take into account all items in storage areas that are accessed during the week, plus items that are already out for sale. You do not need to count items in storage areas that are not accessed during the target week.**
- **Be sure to look at the sample completed Non-Reimbursable Foods Inventory that is provided.** Looking at this sample as you read the instructions will make it easier to understand what you need to do when filling out the form.

## How to Complete the Non-Reimbursable Foods Inventory

### Meal

At the top of the form, check the appropriate box or boxes to indicate when any non-reimbursable foods are offered: during breakfast, lunch, and/or outside of meal periods. Foods may be offered outside of meal periods, just one time, or throughout the day.

### Where Offered

Non-reimbursable foods may be sold on cafeteria serving lines or in other venues, such as vending machines, snack bars, school stores, or food carts or at another school or facility off-site. Indicate the venues where the non-reimbursable food items listed on this form are offered, checking all boxes that apply. If the food service department sells non-reimbursable foods in a venue that is not listed, check "Other," and write in the name of the venue.

### Column A: Food Name

At the start of the week, use this column to list all non-reimbursable items that are sold across all venues. Creating a list of items at the start of the week will make the form easier to fill out.

If food items are purchased in a variety pack (for example, different flavors of Gatorade), you can list the items once.

### Column B: Individual Package Size

For each food items listed in Column A, record the size of the package, which represents one individual serving. The individual package size should include both the *amount* and the *unit* of measure (such as 12 fl. oz. for a drink). If a food item is available in more than one size, you will need to list the food twice (on separate lines) and record in both package sizes for that item.

### Column C: # Individual Packages in Bulk Case

Also for each food item, record the number of individual packages that exist in a single bulk case.

### Column D: Manufacturer/Brand Name and Product Code

Use this column to record the manufacturer or brand name and a product code (if available) in Column D.

### Column E: Starting Onsite Inventory

For each food item, provide the starting inventory at your school. Include the counts of items in the stock room, refrigerator, freezer, and other storage areas, *plus* the number of items already put out for sale. You will record any deliveries received on Monday in Column F. You do not need to count items in areas that are not accessed during the target week.

#### # Full Bulk Cases

Record the number of full bulk cases that are in the inventory of the venues selling non-reimbursable foods at the beginning of the day on Monday, before any of the food service venues have opened.

#### # Additional Individual Packages

Record the number of additional individual packages on hand that do not make up a full bulk case. For example, there may be eight 48-carton bulk packages of orange juice, and 10 additional cartons left over from a bulk package that had already been opened.

### Column F: Deliveries

For each food item, record the number of full bulk cases and/or fractions of full cases (for example, 1/2 or 2 1/2 cases) that are received each day (Monday through Friday) of the

target week and added to the amounts on hand that you recorded in Column E. If your school sends non-reimbursable items to other schools or facilities during the week, enter the number of bulk containers sent off-site in the columns provided.

Enter zeros on days when there are no deliveries, or no bulk containers sent off-site.

### **Column G: Ending Onsite Inventory**

For each food item, provide the ending inventory at your school, after all of the food service venues have closed and after any deliveries on Friday. Include the number of items in the stock room, refrigerator, freezer, and other storage areas, *plus* the number of items already put out for sale.

#### **# Full Bulk Cases**

Record the number of full bulk cases that remain in the food service inventory at the end of the week, after all deliveries and sales. Be sure to count all of the storage areas that were included in the count at the start of the week.

#### **# Additional Individual Packages**

Similarly, record the number of additional individual packages on hand at the end of the week.

MENU SURVEY SCREENER – EXPANDED (FULL AND LIMITED OUTLYING  
AREAS)

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OMB Control Number: 0584-XXXX  
Expiration Date: XX/XX/XXXX



## Menu Survey Screener Questions (Expanded)

Note: The Menu Survey screener questions will be administered prior to the target week to identify which Menu Survey forms are relevant to a school based on its food service program. Technical assistants (TAs) will administer the questions over the phone with school nutrition managers (SNMs) and record the responses in the Electronic Menu Survey (EMS). The EMS will then display the relevant forms on each school's task list.

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**School Nutrition &  
Meal Cost Study - II**

**1. Does your school participate in the School Breakfast Program (SBP)?**

1  Yes

0  No

**2. Does your school provide reimbursable snacks or suppers for one or more afterschool programs (either at this school or another location)?**

**2a. School provides afterschool snacks through the National School Lunch Program (NSLP).**

1  Yes

0  No

**2b. School provides afterschool snacks through the Child and Adult Care Food Program (CACFP).**

1  Yes

0  No

**2c. School provides afterschool suppers through the CACFP.**

1  Yes

0  No

**3. Does your school's food service department sell any foods or beverages outside of reimbursable meals? This may include foods or beverages that are offered as part of reimbursable meals but also sold on an a la carte basis, as well as foods and beverages that are sold only outside of reimbursable meals.**

1  Yes

0  No

[If no, skip to Q6]

[If Q3 = Yes]:

**4. In what locations does your school's food service department sell foods or beverages outside of reimbursable meals?**

MARK ALL THAT APPLY

1  [If Q1 = Yes] A la carte serving lines at breakfast

2  A la carte serving lines at lunch

3  Snack bars

4  Vending machines

5  Food carts

6  School stores

7  Other, Specify: \_\_\_\_\_

QUESTION 5 and 6: ASK ONLY FOR GROUP 3 SCHOOLS

[If Q3 = Yes]

**5a. Does your school's food service department sell any foods or beverages that are never offered as part of a reimbursable meal?**

1  Yes

0  No

[If Q5a = Yes]

**5b. For foods or beverages that are sold by your school's food service department and never offered as part of a reimbursable meal, would you be able to report how many portions were sold either each day or over the course of a week?**

1  Yes

0  No

[If Q5b = Yes]

**5c. Would you prefer to report the number portions of each non-reimbursable foods sold on a daily basis or as total across the week?**

1  Daily basis

0  Weekly basis

[If Q5b = No]

**5d. For foods or beverages that are sold by your school's food service department and never offered as part of a reimbursable meal, would you be able to track an inventory of how many were sold over the course of the week? That is, you would record your starting inventory on Monday of your target week, any deliveries received during the week, and then your ending inventory on Friday.**

1  Yes

0  No

**6. Does your school's food service department prepare foods or meals that are sent or shipped to another location, school, or facility?**

1  Yes

0  No

[If Q6 = Yes]

**6a. Which of the following types of foods or meals are sent off-site? (Mark all that apply)**

- 1  Reimbursable breakfasts
- 2  Reimbursable lunches
- 3  Afterschool snacks provided through the NSLP [If Q2a = Yes]
- 4  Afterschool snacks or suppers provided through the CACFP [If Q2b or Q2c = Yes]
- 5  Non-reimbursable foods (that is, foods or beverages that are not offered as part of reimbursable meals or snacks)
- 6  Other \_\_\_\_\_

**7. Is it correct that your school serves students in grades [Y to Z]?**

[Y = lowest grade and Z = highest grade, as reported in SFA Director Planning Interview]

- 1  Yes
- 0  No

[If Q7 = No]

**7a. What grades does your school serve?**

[drop-down lists with values for: pre-kindergarten, kindergarten, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12]

SELECT ONE

Lowest grade: \_\_\_\_\_

SELECT ONE

Highest grade: \_\_\_\_\_

[Note: The EMS will compute the standard grade group(s) (used in the NSLP/SBP nutrition standards) that are included in the school, based on the reported grade span of the school:

- a. K-5 only
- b. 6-8 only
- c. 9-12 only
- d. K-5 and 6-8
- e. K-5 and 9-12
- f. 6-8 and 9-12
- g. K-5, 6-8, and 9-12

If the school includes grade span combinations d, e, f, or g, the SNM will answer additional questions when completing the Reimbursable Foods Form in the Electronic Menu Survey. See the instrument named "Menu Survey Enhancements Administered through the Electronic Menu Survey" for more details.]

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DAILY MEAL COUNTS FORM (FULL OUTLYING AREAS)

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# Daily Meal Counts Form (Expanded)

School Name: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions:

1. In the boxes for the **Number of Reimbursable NSLP Lunches Served** and **Number of Reimbursable SBP Breakfasts Served**, please record the **number of free, reduced-price, and full-price reimbursable meals served** in your school each day of the target week. Do **not** include meals for which you do not claim reimbursement, for example, second lunches sold to students on an a la carte basis. If your school provides free meals to all students, record the number of meals served in the “free” column.
2. Check the box if the number of reimbursable meals served on a day was much higher or lower than usual, and describe the reason for this difference in the space provided.

| Number of Reimbursable NSLP Lunches Served |      |               |            |                     |   |
|--|------|---------------|------------|---------------------|---|
|  | Free | Reduced-Price | Full-Price | FOR OFFICE USE ONLY | Please check if the number of reimbursable lunches served this day was much higher or lower than usual. |
| Monday                                     |      |               |            |                     | <input type="checkbox"/> → Reason: _____  |
| Tuesday                                    |      |               |            |                     | <input type="checkbox"/> → Reason: _____  |
| Wednesday                                  |      |               |            |                     | <input type="checkbox"/> → Reason: _____  |
| Thursday                                   |      |               |            |                     | <input type="checkbox"/> → Reason: _____  |
| Friday                                     |      |               |            |                     | <input type="checkbox"/> → Reason: _____  |

| Number of Reimbursable SBP Breakfasts Served |      |               |            |                     |  |
|--|------|---------------|------------|---------------------|--|
|  | Free | Reduced-Price | Full-Price | FOR OFFICE USE ONLY | Please check if the number of reimbursable breakfasts served this day was much higher or lower than usual. |
| Monday                                       |      |               |            |                     | <input type="checkbox"/> → Reason: _____   |
| Tuesday                                      |      |               |            |                     | <input type="checkbox"/> → Reason: _____   |
| Wednesday                                    |      |               |            |                     | <input type="checkbox"/> → Reason: _____   |
| Thursday                                     |      |               |            |                     | <input type="checkbox"/> → Reason: _____   |
| Friday                                       |      |               |            |                     | <input type="checkbox"/> → Reason: _____   |

Instructions:

1. Please record the total value of your non-reimbursable food sales by venue, including all student, adult, and other sales in venues operated or stocked by the food service department. If you do not keep venue-specific records, you may simply enter the total sales across all venues into the last column (named “Total Across All Venues”). You can either record the sales each day of the target week or enter it as a total across the week in the last row (named “Weekly Total”).

| Total Non-Reimbursable Food Sales in Venues Operated or Stocked by the Food Service Department |                           |           |                 |           |              |              |                         |
|--|---------------------------|-----------|-----------------|-----------|--------------|--------------|-------------------------|
|  | Serving Line (A la Carte) | Snack Bar | Vending Machine | Food Cart | School Store | Other: _____ | Total Across All Venues |
| Monday   | \$ _____                  | \$ _____  | \$ _____        | \$ _____  | \$ _____     | \$ _____     | \$ _____                |
| Tuesday  | \$ _____                  | \$ _____  | \$ _____        | \$ _____  | \$ _____     | \$ _____     | \$ _____                |
| Wednesday  | \$ _____                  | \$ _____  | \$ _____        | \$ _____  | \$ _____     | \$ _____     | \$ _____                |
| Thursday   | \$ _____                  | \$ _____  | \$ _____        | \$ _____  | \$ _____     | \$ _____     | \$ _____                |
| Friday   | \$ _____                  | \$ _____  | \$ _____        | \$ _____  | \$ _____     | \$ _____     | \$ _____                |
| Weekly Total   | \$ _____                  | \$ _____  | \$ _____        | \$ _____  | \$ _____     | \$ _____     | \$ _____                |

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REIMBURSABLE FOODS FORM -  
BREAKFAST (FULL AND LIMITED OUTLYING AREAS)

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| Reimbursable Meal Counts   |  |
|--|--|
| How many reimbursable breakfasts did you <b>plan to serve</b> at your school this day? |  |
| How many reimbursable breakfasts <b>did you serve</b> at your school this day?         |  |
|  |  |

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Expiration Date: XX/XX/XXXX



SCHOOL NUTRITION AND MEAL COST STUDY-II  
REIMBURSABLE FOODS FORM: BREAKFAST (EXPANDED)

NOTE: For instructions on completing this form, please refer to Instructions for the Menu Survey.

School Name: \_\_\_\_\_ Date: \_\_\_\_\_ Day:  Mon  Tue  Wed  Thu  Fri

| A.<br>Food Item                | B.<br>Portion Size<br>(Include Units) | C.<br>Number of Portions |               |                     |                                       |                         |        | D.<br>Manufacturer/Brand Name and Product Code<br>(If Applicable) | E.<br>Food Description   | F.<br>Check Box if USDA Food | G.<br>Check Box if Prepared from a Recipe |
|--------------------------------|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|---|--|------------------------------|---|
|                                |                                       | Total Prepared           | Sent Off-Site | Onsite              |                                       |                         |        |   |  |                              |   |
|                                |                                       |                          |               | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted |   |  |                              |   |
| <b>MILK</b>                    |                                       |                          |               |                     |                                       |                         |        |   |  |                              |   |
| White, fat-free/skim           | fl oz.                                |                          |               |                     |                                       |                         |        |   |  |                              |   |
| White, 1%                      | fl oz.                                |                          |               |                     |                                       |                         |        |   |  |                              |   |
| White, 2%                      | fl oz.                                |                          |               |                     |                                       |                         |        |   |  |                              |   |
| White, whole                   | fl oz.                                |                          |               |                     |                                       |                         |        |   |  |                              |   |
| Chocolate, fat-free/skim       | fl oz.                                |                          |               |                     |                                       |                         |        |   |  |                              |   |
| Chocolate, 1%                  | fl oz.                                |                          |               |                     |                                       |                         |        |   |  |                              |   |
| Chocolate, 2%                  | fl oz.                                |                          |               |                     |                                       |                         |        |   |  |                              |   |
| Other flavor<br>Specify: _____ | fl oz.                                |                          |               |                     |                                       |                         |        |   | <input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% |                              |   |
| Other flavor<br>Specify: _____ | fl oz.                                |                          |               |                     |                                       |                         |        |   | <input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% |                              |   |
| Other flavor<br>Specify: _____ | fl oz.                                |                          |               |                     |                                       |                         |        |   | <input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% |                              |   |
|                                | fl oz.                                |                          |               |                     |                                       |                         |        |   |  | <input type="checkbox"/>     | <input type="checkbox"/>                  |
|                                | fl oz.                                |                          |               |                     |                                       |                         |        |   |  | <input type="checkbox"/>     | <input type="checkbox"/>                  |

REIMBURSABLE FOODS FORM: BREAKFAST (EXPANDED)

| A.  | B.                              | C.                 |               |                     |                                       |                         |        | D.  | E.  | F.                       | G.                                  |
|---|---------------------------------|--------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|---|---|--------------------------|-------------------------------------|
| Food Item   | Portion Size<br>(Include Units) | Number of Portions |               |                     |                                       |                         |        | Manufacturer/Brand Name and Product Code<br>(If Applicable) | Food Description  | Check Box if USDA Food   | Check Box if Prepared from a Recipe |
|   |                                 | Total Prepared     | Sent Off-Site | Onsite              |                                       |                         |        |   |   |                          |                                     |
|   |                                 |                    |               | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted |   |   |                          |                                     |
| FRUIT (Note: Prelisted entries should be used only for fruit that is served as purchased. If anything is added before serving, complete a RECIPE FORM.) |                                 |                    |               |                     |                                       |                         |        |   |   |                          |                                     |
| Apple, fresh  |                                 |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> |                                     |
| Applesauce, canned  | cup                             |                    |               |                     |                                       |                         |        |   | <input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened   | <input type="checkbox"/> |                                     |
| Apricots, canned  | cup                             |                    |               |                     |                                       |                         |        |   | <input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup<br><input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water | <input type="checkbox"/> |                                     |
| Banana, fresh   |                                 |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> |                                     |
| Blueberries, frozen   | cup                             |                    |               |                     |                                       |                         |        |   | <input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened   | <input type="checkbox"/> |                                     |
| Fruit cocktail, canned  | cup                             |                    |               |                     |                                       |                         |        |   | <input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup<br><input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water | <input type="checkbox"/> |                                     |
| Grapes, fresh   | cup                             |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> |                                     |
| Kiwi, raw   |                                 |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> |                                     |
| Mandarin oranges, canned  | cup                             |                    |               |                     |                                       |                         |        |   | <input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup<br><input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water | <input type="checkbox"/> |                                     |
| Orange, fresh   |                                 |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> |                                     |
| Peaches, canned   | cup                             |                    |               |                     |                                       |                         |        |   | <input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup<br><input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water | <input type="checkbox"/> |                                     |
| Pears, fresh  |                                 |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> |                                     |
| Pears, canned   | cup                             |                    |               |                     |                                       |                         |        |   | <input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup<br><input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water | <input type="checkbox"/> |                                     |
| Pineapple, canned   | cup                             |                    |               |                     |                                       |                         |        |   | <input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup<br><input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water | <input type="checkbox"/> |                                     |
| Raisins   | oz.                             |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> |                                     |
|   |                                 |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> | <input type="checkbox"/>            |
|   |                                 |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> | <input type="checkbox"/>            |

REIMBURSABLE FOODS FORM: BREAKFAST (EXPANDED)

| Food Item  | Portion Size<br>(Include Units) | Number of Portions |               |                     |                                       |                         |        | Manufacturer/Brand Name and Product Code<br>(If Applicable) | Food Description  | Check Box if USDA Food   | Check Box if Prepared from a Recipe |
|--|---------------------------------|--------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|---|---|--------------------------|-------------------------------------|
|  |                                 | Total Prepared     | Sent Off-Site | Onsite              |                                       |                         |        |   |   |                          |                                     |
|  |                                 |                    |               | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted |   |   |                          |                                     |
| <b>JUCICES</b> (Note: Prelisted entries should be used only for full-strength (100%) fruit and/or vegetable juice. List fruit drinks (not 100% juice) in the "Other Menu Items" section.)  |                                 |                    |               |                     |                                       |                         |        |   |   |                          |                                     |
| Apple juice  | fl oz.                          |                    |               |                     |                                       |                         |        |   | <input type="checkbox"/> Calcium added                        | <input type="checkbox"/> |                                     |
| Grape juice  | fl oz.                          |                    |               |                     |                                       |                         |        |   | <input type="checkbox"/> Calcium added                        | <input type="checkbox"/> |                                     |
| Orange juice   | fl oz.                          |                    |               |                     |                                       |                         |        |   | <input type="checkbox"/> Calcium added                        | <input type="checkbox"/> |                                     |
| Fruit juice blend  | fl oz.                          |                    |               |                     |                                       |                         |        |   | <input type="checkbox"/> Calcium added                        | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>BREADS AND GRAINS</b> (Note: In Column A, indicate whether any items in this section were offered only with another bread/grain item or with a particular meat/meat alternate or combination item. For example, toast w/ cereal). |                                 |                    |               |                     |                                       |                         |        |   |   |                          |                                     |
| Apple Jacks  | oz.                             |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> |                                     |
| Cheerios, plain  | oz.                             |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> |                                     |
| Cheerios, Apple Cinnamon   | oz.                             |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> |                                     |
| Cheerios, Fruity   | oz.                             |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> |                                     |
| Cheerios, Honey Nut  | oz.                             |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> |                                     |
| Cinnamon Toast Crunch  | oz.                             |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> |                                     |
| Cocoa Krispies   | oz.                             |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> |                                     |
| Cocoa Puffs  | oz.                             |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> |                                     |
| Froot Loops  | oz.                             |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> |                                     |
| Frosted Flakes   | oz.                             |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> |                                     |
| Frosted Mini Wheats  | oz.                             |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> |                                     |
| Golden Grahams   | oz.                             |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> |                                     |
| Granola  | oz.                             |                    |               |                     |                                       |                         |        |   | <input type="checkbox"/> Reg <input type="checkbox"/> Low-fat | <input type="checkbox"/> |                                     |
| Kix  | oz.                             |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> |                                     |
| Lucky Charms   | oz.                             |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> |                                     |
| Marshmallow Mateys   | oz.                             |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> |                                     |
| Raisin Bran  | oz.                             |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> |                                     |
| Rice Chex  | oz.                             |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> |                                     |
| Rice Krispies  | oz.                             |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> |                                     |
| Trix   | oz.                             |                    |               |                     |                                       |                         |        |   |   | <input type="checkbox"/> |                                     |

REIMBURSABLE FOODS FORM: BREAKFAST (EXPANDED)

| A.   | B.                              | C.                 |               |                     |                                       |                         |        | D.   | E.                       | F.                       | G.                                  |
|--|---------------------------------|--------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|--|--------------------------|--------------------------|-------------------------------------|
| Food Item  | Portion Size<br>(Include Units) | Number of Portions |               |                     |                                       |                         |        | Manufacturer/Brand Name and Product Code<br>(If Applicable)  | Food Description         | Check Box if USDA Food   | Check Box if Prepared from a Recipe |
|  |                                 | Total Prepared     | Sent Off-Site | Onsite              |                                       |                         |        |  |                          |                          |                                     |
|  |                                 |                    |               | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted |  |                          |                          |                                     |
|  |                                 |                    |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
|  |                                 |                    |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| <b>HOT CEREALS (Note: If prepared with fat and/or milk, complete a RECIPE FORM)</b>  |                                 |                    |               |                     |                                       |                         |        |  |                          |                          |                                     |
| Cream of Wheat   | cup                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg   | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Grits  | cup                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg   | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Oatmeal  | cup                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg   | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
|  |                                 |                    |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| <b>OTHER BREADS AND GRAINS OFFERED SEPARATELY (Note: In Column A, indicate whether any items in this section were offered only with another bread/grain item or with a particular meat/meat alternate or combination item. For example, toast w/ cereal, or biscuit w/ sausage).</b> |                                 |                    |               |                     |                                       |                         |        |  |                          |                          |                                     |
| Bagel  | oz.                             |                    |               |                     |                                       |                         |        | Specify type: _____  | <input type="checkbox"/> |                          |                                     |
| Biscuit  | oz.                             |                    |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Danish or turnover   | oz.                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Fruit <input type="checkbox"/> Cheese   | <input type="checkbox"/> |                          |                                     |
| Doughnut   | oz.                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Icing/glaze <input type="checkbox"/> No Icing/glaze   | <input type="checkbox"/> |                          |                                     |
| English muffin, plain  | oz.                             |                    |               |                     |                                       |                         |        |  | <input type="checkbox"/> |                          |                                     |
| English muffin, buttered   | oz.                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Margarine <input type="checkbox"/> Butter   | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Granola/cereal bar   | oz.                             |                    |               |                     |                                       |                         |        | Specify type: _____  | <input type="checkbox"/> |                          |                                     |
| Muffin   | oz.                             |                    |               |                     |                                       |                         |        | Specify type: _____  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Pancake  | oz.                             |                    |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Roll, cinnamon   | oz.                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Icing <input type="checkbox"/> No Icing   | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Toast, plain   | oz.                             |                    |               |                     |                                       |                         |        | Specify type: _____  | <input type="checkbox"/> |                          |                                     |
| Toast, buttered  | oz.                             |                    |               |                     |                                       |                         |        | Specify type: _____<br><input type="checkbox"/> Margarine <input type="checkbox"/> Butter  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Toaster pastry   | oz.                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Low-fat   | <input type="checkbox"/> |                          |                                     |
| Waffles  | oz.                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Plain <input type="checkbox"/> Fruit <input type="checkbox"/> Chocolate chip<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> |                                     |

REIMBURSABLE FOODS FORM: BREAKFAST (EXPANDED)

| A.  | B.                              | C.                 |               |                     |                                       |                         |        | D.   | E.                       | F.                       | G.                                  |
|---|---------------------------------|--------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|--|--------------------------|--------------------------|-------------------------------------|
| Food Item   | Portion Size<br>(Include Units) | Number of Portions |               |                     |                                       |                         |        | Manufacturer/Brand Name and Product Code<br>(If Applicable)  | Food Description         | Check Box if USDA Food   | Check Box if Prepared from a Recipe |
|   |                                 | Total Prepared     | Sent Off-Site | Onsite              |                                       |                         |        |  |                          |                          |                                     |
|   |                                 |                    |               | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted |  |                          |                          |                                     |
| Waffle sticks   | ea.                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Plain <input type="checkbox"/> Fruit <input type="checkbox"/> Chocolate chip<br><input type="checkbox"/> Other: _____<br><b>Weight of each stick: _____ oz.</b>           | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
|   |                                 |                    |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
|   |                                 |                    |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| <b>MEATS AND MEAT ALTERNATES OFFERED SEPARATELY (Note: In Column A, indicate whether any items in this section were offered only with another bread/grain item or with a particular meat/meat alternate or combination item. For example, sausage with biscuit, or yogurt with cereal).</b> |                                 |                    |               |                     |                                       |                         |        |  |                          |                          |                                     |
| Bacon   | sl                              |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Pork <input type="checkbox"/> Turkey  | <input type="checkbox"/> |                          |                                     |
| Eggs  | cup                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Scrambled <input type="checkbox"/> Hard boiled<br><input type="checkbox"/> Fried  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Ham   | oz.                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Pork <input type="checkbox"/> Turkey  | <input type="checkbox"/> |                          |                                     |
| Peanut butter   | oz.                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Reduced-fat   | <input type="checkbox"/> |                          |                                     |
| Sausage   | oz.                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey   | <input type="checkbox"/> |                          |                                     |
| Yogurt  | oz.                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Reg <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light<br>Specify flavors: _____   | <input type="checkbox"/> |                          |                                     |
|   |                                 |                    |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
|   |                                 |                    |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
|   |                                 |                    |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| <b>COMBINATION ITEMS</b>  |                                 |                    |               |                     |                                       |                         |        |  |                          |                          |                                     |
| Breakfast burrito   | oz.                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Eggs <input type="checkbox"/> Cheese <input type="checkbox"/> Beans <input type="checkbox"/> Potato <input type="checkbox"/><br>Other: _____                              | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Egg sandwich  | 1 sandwich                      |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Cheese <input type="checkbox"/> Sausage <input type="checkbox"/> Ham<br><input type="checkbox"/> Bacon <input type="checkbox"/> Other: _____<br>Specify bread type: _____ | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Egg sandwich  | 1 sandwich                      |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Cheese <input type="checkbox"/> Sausage <input type="checkbox"/> Ham<br><input type="checkbox"/> Bacon <input type="checkbox"/> Other: _____<br>Specify bread type: _____ | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| French toast  |                                 |                    |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| French toast sticks   | ea.                             |                    |               |                     |                                       |                         |        | <b>Weight of each stick: _____ oz.</b>   | <input type="checkbox"/> |                          |                                     |
| Grilled cheese  | 1 sandwich                      |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Reduced-fat   | <input type="checkbox"/> | <input type="checkbox"/> |                                     |

REIMBURSABLE FOODS FORM: BREAKFAST (EXPANDED)

| A.                                   | B.                              | C.                 |               |                     |                                       |                         |        | D.  | E.                       | F.                       | G.                                  |
|--------------------------------------|---------------------------------|--------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|---|--------------------------|--------------------------|-------------------------------------|
| Food Item                            | Portion Size<br>(Include Units) | Number of Portions |               |                     |                                       |                         |        | Manufacturer/Brand Name and Product Code<br>(If Applicable)   | Food Description         | Check Box if USDA Food   | Check Box if Prepared from a Recipe |
|                                      |                                 | Total Prepared     | Sent Off-Site | Onsite              |                                       |                         |        |   |                          |                          |                                     |
|                                      |                                 |                    |               | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted |   |                          |                          |                                     |
| Pancake on a stick                   | oz.                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey  | <input type="checkbox"/> |                          |                                     |
| Pizza                                | oz.                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Reduced-fat<br>Specify toppings: _____   | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
|                                      |                                 |                    |               |                     |                                       |                         |        |   | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
|                                      |                                 |                    |               |                     |                                       |                         |        |   | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
|                                      |                                 |                    |               |                     |                                       |                         |        |   | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
|                                      |                                 |                    |               |                     |                                       |                         |        |   | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| <b>CONDIMENTS</b>                    |                                 |                    |               |                     |                                       |                         |        |   |                          |                          |                                     |
| Self-serve condiments or fixins' bar | 1 serving                       |                    |               |                     |                                       |                         |        | <b>Please list all ingredients on a SELF-SERVE/ MADE-TO-ORDER BAR FORM</b>  |                          |                          |                                     |
| Butter                               |                                 |                    |               |                     |                                       |                         |        |   | <input type="checkbox"/> |                          |                                     |
| Cream cheese                         |                                 |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Light <input type="checkbox"/> Fat-free   | <input type="checkbox"/> |                          |                                     |
| Gravy                                |                                 |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Honey                                |                                 |                    |               |                     |                                       |                         |        |   | <input type="checkbox"/> |                          |                                     |
| Jelly                                |                                 |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Sugar-free   | <input type="checkbox"/> |                          |                                     |
| Ketchup                              |                                 |                    |               |                     |                                       |                         |        |   | <input type="checkbox"/> |                          |                                     |
| Margarine                            |                                 |                    |               |                     |                                       |                         |        |   | <input type="checkbox"/> |                          |                                     |
| Salsa                                |                                 |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Low sodium   | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Syrup                                |                                 |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Sugar-free   | <input type="checkbox"/> |                          |                                     |
|                                      |                                 |                    |               |                     |                                       |                         |        |   | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
|                                      |                                 |                    |               |                     |                                       |                         |        |   | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
|                                      |                                 |                    |               |                     |                                       |                         |        |   | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
|                                      |                                 |                    |               |                     |                                       |                         |        |   | <input type="checkbox"/> | <input type="checkbox"/> |                                     |





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REIMBURSABLE FOODS FORM:  
LUNCH (FULL AND LIMITED OUTLYING AREAS)

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OMB Control Number: 0584-XXXX  
 Expiration Date: XX/XX/XXXX

| Reimbursable Meal Counts  |  |
|---|--|
| How many reimbursable lunches did you <b>plan to serve</b> at your school this day? |  |
| How many reimbursable lunches <b>did you serve</b> at your school this day?         |  |

SCHOOL NUTRITION AND MEAL COST STUDY-II  
 REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)



*NOTE: For instructions on completing this form, please refer to Instructions for the Menu Survey.*

**School Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Day:**     Mon     Tue     Wed     Thu     Fri

| A.<br>Food Item                | B.<br>Portion Size<br>(Include Units) | C. Number of Portions |               |                     |                                       |                         |        | D.<br>Manufacturer/Brand Name and Product Code<br>(If Applicable) | E.<br>Food Description   | F.<br>Check Box if USDA Food | G.<br>Check Box if Prepared from a Recipe |
|--------------------------------|---------------------------------------|-----------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|---|--|------------------------------|---|
|                                |                                       | Total Prepared        | Sent Off-Site | Onsite              |                                       |                         |        |   |  |                              |   |
|                                |                                       |                       |               | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted |   |  |                              |   |
| MILK                           |                                       |                       |               |                     |                                       |                         |        |   |  |                              |   |
| White, fat-free/skim           | fl oz.                                |                       |               |                     |                                       |                         |        |   |  |                              |   |
| White, 1%                      | fl oz.                                |                       |               |                     |                                       |                         |        |   |  |                              |   |
| White, 2%                      | fl oz.                                |                       |               |                     |                                       |                         |        |   |  |                              |   |
| White, whole                   | fl oz.                                |                       |               |                     |                                       |                         |        |   |  |                              |   |
| Chocolate, fat-free/skim       | fl oz.                                |                       |               |                     |                                       |                         |        |   |  |                              |   |
| Chocolate, 1%                  | fl oz.                                |                       |               |                     |                                       |                         |        |   |  |                              |   |
| Chocolate, 2%                  | fl oz.                                |                       |               |                     |                                       |                         |        |   |  |                              |   |
| Other flavor<br>Specify: _____ | fl oz.                                |                       |               |                     |                                       |                         |        |   | <input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% |                              |   |
| Other flavor<br>Specify: _____ | fl oz.                                |                       |               |                     |                                       |                         |        |   | <input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% |                              |   |
| Other flavor<br>Specify: _____ | fl oz.                                |                       |               |                     |                                       |                         |        |   | <input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% |                              |   |
|                                | fl oz.                                |                       |               |                     |                                       |                         |        |   | <input type="checkbox"/>   | <input type="checkbox"/>     |   |
|                                | fl oz.                                |                       |               |                     |                                       |                         |        |   | <input type="checkbox"/>   | <input type="checkbox"/>     |   |

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

| A.<br>Food Item  | B.<br>Portion Size<br>(Include Units) | C.<br>Number of Portions |               |                     |                                       |                         |        | D.<br>Manufacturer/Brand Name and Product Code<br>(If Applicable) | E.<br>Food Description   | F.<br>Check Box if USDA Food | G.<br>Check Box if Prepared from a Recipe |
|--|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|---|--|------------------------------|---|
|  |                                       | Total Prepared           | Sent Off-Site | Onsite              |                                       |                         |        |   |  |                              |   |
|  |                                       |                          |               | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted |   |  |                              |   |
| FRUIT (Note: Priced entries should be used only for fruit that is served as purchased. If anything is added before serving, complete a RECIPE FORM.) |                                       |                          |               |                     |                                       |                         |        |   |  |                              |   |
| Apple, fresh   |                                       |                          |               |                     |                                       |                         |        |   |  | <input type="checkbox"/>     |   |
| Applesauce, canned   | cup                                   |                          |               |                     |                                       |                         |        |   | <input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened  | <input type="checkbox"/>     |   |
| Apricots, canned   | cup                                   |                          |               |                     |                                       |                         |        |   | <input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup<br><input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice<br><input type="checkbox"/> Water | <input type="checkbox"/>     |   |
| Banana, fresh  |                                       |                          |               |                     |                                       |                         |        |   |  | <input type="checkbox"/>     |   |
| Blueberries, frozen  | cup                                   |                          |               |                     |                                       |                         |        |   | <input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened  | <input type="checkbox"/>     |   |
| Fruit cocktail, canned   | cup                                   |                          |               |                     |                                       |                         |        |   | <input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup<br><input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice<br><input type="checkbox"/> Water | <input type="checkbox"/>     |   |
| Grapes, fresh  | cup                                   |                          |               |                     |                                       |                         |        |   |  | <input type="checkbox"/>     |   |
| Kiwi, raw  |                                       |                          |               |                     |                                       |                         |        |   |  | <input type="checkbox"/>     |   |
| Mandarin oranges, canned   | cup                                   |                          |               |                     |                                       |                         |        |   | <input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup<br><input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice<br><input type="checkbox"/> Water | <input type="checkbox"/>     |   |
| Orange, fresh  |                                       |                          |               |                     |                                       |                         |        |   |  | <input type="checkbox"/>     |   |
| Peaches, canned  | cup                                   |                          |               |                     |                                       |                         |        |   | <input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup<br><input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice<br><input type="checkbox"/> Water | <input type="checkbox"/>     |   |
| Pears, fresh   |                                       |                          |               |                     |                                       |                         |        |   |  | <input type="checkbox"/>     |   |
| Pears, canned  | cup                                   |                          |               |                     |                                       |                         |        |   | <input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup<br><input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice<br><input type="checkbox"/> Water | <input type="checkbox"/>     |   |
| Pineapple, canned  | cup                                   |                          |               |                     |                                       |                         |        |   | <input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup<br><input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice<br><input type="checkbox"/> Water | <input type="checkbox"/>     |   |
| Raisins  | oz.                                   |                          |               |                     |                                       |                         |        |   |  | <input type="checkbox"/>     |   |
|  |                                       |                          |               |                     |                                       |                         |        |   |  | <input type="checkbox"/>     | <input type="checkbox"/>                  |
|  |                                       |                          |               |                     |                                       |                         |        |   |  | <input type="checkbox"/>     | <input type="checkbox"/>                  |

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

| A.<br>Food Item  | B.<br>Portion Size<br>(Include Units) | C.<br>Number of Portions |               |                     |                                       |                         |        | D.<br>Manufacturer/Brand Name and Product Code<br>(If Applicable)  | E.<br>Food Description   | F.<br>Check Box if USDA Food | G.<br>Check Box if Prepared from a Recipe |
|--|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|--|--------------------------|------------------------------|---|
|  |                                       | Total Prepared           | Sent Off-Site | Onsite              |                                       |                         |        |  |                          |                              |   |
|  |                                       |                          |               | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted |  |                          |                              |   |
| <b>JUICES</b> (Note: Prelisted entries should be used only for full-strength (100%) fruit and/or vegetable juice. Fruit drinks that are not 100% juice should be entered in the "Desserts, Drinks, and Snacks" section.) |                                       |                          |               |                     |                                       |                         |        |  |                          |                              |   |
| Apple juice  | fl oz.                                |                          |               |                     |                                       |                         |        | <input type="checkbox"/> Calcium added   | <input type="checkbox"/> |                              |   |
| Grape juice  | fl oz.                                |                          |               |                     |                                       |                         |        | <input type="checkbox"/> Calcium added   | <input type="checkbox"/> |                              |   |
| Orange juice   | fl oz.                                |                          |               |                     |                                       |                         |        | <input type="checkbox"/> Calcium added   | <input type="checkbox"/> |                              |   |
| Fruit juice blend  | fl oz.                                |                          |               |                     |                                       |                         |        | <input type="checkbox"/> Calcium added   | <input type="checkbox"/> |                              |   |
| Frozen juice cup/bar   | fl oz.                                |                          |               |                     |                                       |                         |        | Specify flavor: _____  | <input type="checkbox"/> |                              |   |
|  | fl oz.                                |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/>     |   |
| <b>VEGETABLES</b> (Note: If beans or peas are being counted as a meat alternate and not a vegetable choice, enter them in the "Other Entrees and Meat/Meat Alternates" section.)   |                                       |                          |               |                     |                                       |                         |        |  |                          |                              |   |
| Baked beans  | cup                                   |                          |               |                     |                                       |                         |        | <input type="checkbox"/> Vegetarian <input type="checkbox"/> With pork   | <input type="checkbox"/> | <input type="checkbox"/>     |   |
| Beans, green   | cup                                   |                          |               |                     |                                       |                         |        | <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen<br><input type="checkbox"/> Canned <input type="checkbox"/> Low sodium<br><input type="checkbox"/> Fat added, specify type: _____ | <input type="checkbox"/> |                              |   |
| Broccoli, cooked   | cup                                   |                          |               |                     |                                       |                         |        | <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen<br><input type="checkbox"/> Canned <input type="checkbox"/> Low sodium<br><input type="checkbox"/> Fat added, specify type: _____ | <input type="checkbox"/> |                              |   |
| Broccoli, raw  | cup                                   |                          |               |                     |                                       |                         |        | <b>If offered, list dip as separate item(s) or complete a RECIPE FORM</b>  | <input type="checkbox"/> | <input type="checkbox"/>     |   |
| Carrots, cooked  | cup                                   |                          |               |                     |                                       |                         |        | <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen<br><input type="checkbox"/> Canned <input type="checkbox"/> Low sodium<br><input type="checkbox"/> Fat added, specify type: _____ | <input type="checkbox"/> |                              |   |
| Carrots, raw   | cup                                   |                          |               |                     |                                       |                         |        | <b>If offered, list dip as separate item(s) or complete a RECIPE FORM</b>  | <input type="checkbox"/> | <input type="checkbox"/>     |   |
| Cauliflower, raw   | cup                                   |                          |               |                     |                                       |                         |        | <b>If offered, list dip as separate item(s) or complete a RECIPE FORM</b>  | <input type="checkbox"/> | <input type="checkbox"/>     |   |
| Celery, raw  | cup                                   |                          |               |                     |                                       |                         |        | <b>If offered, list dip as separate item(s) or complete a RECIPE FORM</b>  | <input type="checkbox"/> | <input type="checkbox"/>     |   |
| Corn, kernels  | cup                                   |                          |               |                     |                                       |                         |        | <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen<br><input type="checkbox"/> Canned <input type="checkbox"/> Low sodium<br><input type="checkbox"/> Fat added, specify type: _____ | <input type="checkbox"/> |                              |   |
| Cucumber, raw  | cup                                   |                          |               |                     |                                       |                         |        | <b>If offered, list dip as separate item(s) or complete a RECIPE FORM</b>  | <input type="checkbox"/> | <input type="checkbox"/>     |   |

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

| A.<br>Food Item                                 | B.<br>Portion Size<br>(Include Units) | C.<br>Number of Portions |               |                     |                                       |                         |        | D.<br>Manufacturer/Brand Name and Product Code<br>(If Applicable)  | E.<br>Food Description   | F.<br>Check Box if USDA Food | G.<br>Check Box if Prepared from a Recipe |
|---|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|--|--------------------------|------------------------------|---|
|   |                                       | Total Prepared           | Sent Off-Site | Onsite              |                                       |                         |        |  |                          |                              |   |
|   |                                       |                          |               | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted |  |                          |                              |   |
| French fries                                    | cup                                   |                          |               |                     |                                       |                         |        | <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried  | <input type="checkbox"/> |                              |   |
| Lettuce and tomato                              | cup                                   |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> |                              |   |
| Mixed vegetables                                | cup                                   |                          |               |                     |                                       |                         |        | <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen<br><input type="checkbox"/> Canned <input type="checkbox"/> Low sodium<br><input type="checkbox"/> Fat added, specify type: _____ | <input type="checkbox"/> | <input type="checkbox"/>     |   |
| Peas, green                                     | cup                                   |                          |               |                     |                                       |                         |        | <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen<br><input type="checkbox"/> Canned <input type="checkbox"/> Low sodium<br><input type="checkbox"/> Fat added, specify type: _____ | <input type="checkbox"/> |                              |   |
| Potatoes, whipped or mashed                     | cup                                   |                          |               |                     |                                       |                         |        | <input type="checkbox"/> From fresh  | <input type="checkbox"/> | <input type="checkbox"/>     |   |
| Refried beans                                   | cup                                   |                          |               |                     |                                       |                         |        | <input type="checkbox"/> From dry <input type="checkbox"/> Canned<br><input type="checkbox"/> Low sodium<br><input type="checkbox"/> Fat added, specify type: _____                              | <input type="checkbox"/> | <input type="checkbox"/>     |   |
| Red peppers, raw                                | cup                                   |                          |               |                     |                                       |                         |        | <b>If offered, list dip as separate item(s) or complete a RECIPE FORM</b>  | <input type="checkbox"/> | <input type="checkbox"/>     |   |
| Green peppers, raw                              | cup                                   |                          |               |                     |                                       |                         |        | <b>If offered, list dip as separate item(s) or complete a RECIPE FORM</b>  | <input type="checkbox"/> | <input type="checkbox"/>     |   |
| Sweet potatoes                                  | cup                                   |                          |               |                     |                                       |                         |        | <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen<br><input type="checkbox"/> Canned <input type="checkbox"/> Low sodium<br><input type="checkbox"/> Fat added, specify type: _____ | <input type="checkbox"/> | <input type="checkbox"/>     |   |
| Sweet potato fries or tots                      | cup                                   |                          |               |                     |                                       |                         |        | <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried  | <input type="checkbox"/> |                              |   |
| Side salad bar<br>(non-entrée or small portion) | 1 serving                             |                          |               |                     |                                       |                         |        | <b>Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM</b>  |                          |                              |   |
| Salad, tossed                                   | cup                                   |                          |               |                     |                                       |                         |        | <b>List dressing and any bread/grain items offered with the tossed salad as separate item(s)</b>   | <input type="checkbox"/> | <input type="checkbox"/>     |   |
| Tater tots or shapes                            | cup                                   |                          |               |                     |                                       |                         |        | <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried  | <input type="checkbox"/> |                              |   |
| Tomato, raw                                     | cup                                   |                          |               |                     |                                       |                         |        | <b>If offered, list dip as separate item(s) or complete a RECIPE FORM</b>  | <input type="checkbox"/> | <input type="checkbox"/>     |   |
|   |                                       |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/>     |   |
|   |                                       |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/>     |   |
|   |                                       |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/>     |   |



REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

| Food Item  | Portion Size<br>(Include Units) | Number of Portions |               |                     |                                       |                         |        | Manufacturer/Brand Name and Product Code<br>(If Applicable)   | Food Description | Check Box if USDA Food   | Check Box if Prepared from a Recipe |
|--|---------------------------------|--------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|---|------------------|--------------------------|-------------------------------------|
|  |                                 | Total Prepared     | Sent Off-Site | Onsite              |                                       |                         |        |   |                  |                          |                                     |
|  |                                 |                    |               | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted |   |                  |                          |                                     |
| SANDWICHES (Note: In Column A, indicate whether any items in this section were offered only with another particular food item. For example, a peanut butter sandwich with a cheese stick, or a grilled cheese sandwich with a yogurt.) |                                 |                    |               |                     |                                       |                         |        |   |                  |                          |                                     |
| Cheeseburger   | 1 sandwich                      |                    |               |                     |                                       |                         |        |   |                  | <input type="checkbox"/> | <input type="checkbox"/>            |
| Chicken filet or breast (not breaded)  | 1 sandwich                      |                    |               |                     |                                       |                         |        |   |                  | <input type="checkbox"/> | <input type="checkbox"/>            |
| Chicken patty (breaded)  | 1 sandwich                      |                    |               |                     |                                       |                         |        |   |                  | <input type="checkbox"/> | <input type="checkbox"/>            |
| Fish sandwich  | 1 sandwich                      |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Breaded  |                  | <input type="checkbox"/> | <input type="checkbox"/>            |
| Grilled cheese   | 1 sandwich                      |                    |               |                     |                                       |                         |        |   |                  | <input type="checkbox"/> | <input type="checkbox"/>            |
| Ham and cheese   | 1 sandwich                      |                    |               |                     |                                       |                         |        |   |                  | <input type="checkbox"/> | <input type="checkbox"/>            |
| Hamburger  | 1 sandwich                      |                    |               |                     |                                       |                         |        |   |                  | <input type="checkbox"/> | <input type="checkbox"/>            |
| Hot dog  | 1 sandwich                      |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Beef or pork<br><input type="checkbox"/> Chicken or turkey                       |                  | <input type="checkbox"/> | <input type="checkbox"/>            |
| Italian sub  | 1 sandwich                      |                    |               |                     |                                       |                         |        |   |                  | <input type="checkbox"/> | <input type="checkbox"/>            |
| Peanut butter & jelly  | 1 sandwich                      |                    |               |                     |                                       |                         |        |   |                  | <input type="checkbox"/> | <input type="checkbox"/>            |
| Rib, barbeque  | 1 sandwich                      |                    |               |                     |                                       |                         |        |   |                  | <input type="checkbox"/> | <input type="checkbox"/>            |
| Sloppy joe   | 1 sandwich                      |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Beef <input type="checkbox"/> Pork<br><input type="checkbox"/> Chicken or turkey |                  | <input type="checkbox"/> | <input type="checkbox"/>            |
| Turkey   | 1 sandwich                      |                    |               |                     |                                       |                         |        |   |                  | <input type="checkbox"/> | <input type="checkbox"/>            |
| Tuna salad   | 1 sandwich                      |                    |               |                     |                                       |                         |        |   |                  | <input type="checkbox"/> | <input type="checkbox"/>            |
| Veggie burger  | 1 sandwich                      |                    |               |                     |                                       |                         |        |   |                  | <input type="checkbox"/> | <input type="checkbox"/>            |
|  | 1 sandwich                      |                    |               |                     |                                       |                         |        |   |                  | <input type="checkbox"/> | <input type="checkbox"/>            |
|  | 1 sandwich                      |                    |               |                     |                                       |                         |        |   |                  | <input type="checkbox"/> | <input type="checkbox"/>            |
|  | 1 sandwich                      |                    |               |                     |                                       |                         |        |   |                  | <input type="checkbox"/> | <input type="checkbox"/>            |
|  | 1 sandwich                      |                    |               |                     |                                       |                         |        |   |                  | <input type="checkbox"/> | <input type="checkbox"/>            |

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

| A.   | B.                              | C.                 |               |                     |                                       |                         |        | D.   | E.                       | F.                       | G.                                  |
|--|---------------------------------|--------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|--|--------------------------|--------------------------|-------------------------------------|
| Food Item  | Portion Size<br>(Include Units) | Number of Portions |               |                     |                                       |                         |        | Manufacturer/Brand Name and Product Code<br>(If Applicable)        | Food Description         | Check Box if USDA Food   | Check Box if Prepared from a Recipe |
|  |                                 | Total Prepared     | Sent Off-Site | Onsite              |                                       |                         |        |  |                          |                          |                                     |
|  |                                 |                    |               | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted |  |                          |                          |                                     |
|  | 1 sandwich                      |                    |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
|  | 1 sandwich                      |                    |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| <b>ENTRÉE SALADS</b> (Note: List dressing and any bread/grain items offered with an entrée salad as separate item(s). Also, add a note in Column A if a particular bread/grain item is offered only with a particular entrée salad.) |                                 |                    |               |                     |                                       |                         |        |  |                          |                          |                                     |
| Chef's salad   | 1 salad                         |                    |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Chicken Caesar salad   | 1 salad                         |                    |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Taco salad   | 1 salad                         |                    |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
|  | 1 salad                         |                    |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
|  | 1 salad                         |                    |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
|  | 1 salad                         |                    |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
|  | 1 salad                         |                    |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
|  | 1 salad                         |                    |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
|  | 1 salad                         |                    |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| <b>SELF-SERVE/MADE-TO-ORDER ENTRÉE BARS</b>  |                                 |                    |               |                     |                                       |                         |        |  |                          |                          |                                     |
| Entrée salad bar   | 1 serving                       |                    |               |                     |                                       |                         |        | Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM |                          |                          |                                     |
| Potato bar   | 1 serving                       |                    |               |                     |                                       |                         |        | Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM |                          |                          |                                     |
| Nacho/taco bar   | 1 serving                       |                    |               |                     |                                       |                         |        | Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM |                          |                          |                                     |
| Sandwich/deli bar  | 1 serving                       |                    |               |                     |                                       |                         |        | Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM |                          |                          |                                     |
| Pasta/Italian bar  | 1 serving                       |                    |               |                     |                                       |                         |        | Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM |                          |                          |                                     |
|  | 1 serving                       |                    |               |                     |                                       |                         |        | Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM |                          |                          |                                     |
|  | 1 serving                       |                    |               |                     |                                       |                         |        | Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM |                          |                          |                                     |
|  | 1 serving                       |                    |               |                     |                                       |                         |        | Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM |                          |                          |                                     |
|  | 1 serving                       |                    |               |                     |                                       |                         |        | Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM |                          |                          |                                     |
|  | 1 serving                       |                    |               |                     |                                       |                         |        | Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM |                          |                          |                                     |

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

| Food Item   | Portion Size<br>(Include Units) | Number of Portions |               |                     |                                       |                         |        | Manufacturer/Brand Name and Product Code<br>(If Applicable)  | Food Description         | Check Box if USDA Food   | Check Box if Prepared from a Recipe |
|---|---------------------------------|--------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|--|--------------------------|--------------------------|-------------------------------------|
|   |                                 | Total Prepared     | Sent Off-Site | Onsite              |                                       |                         |        |  |                          |                          |                                     |
|   |                                 |                    |               | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted |  |                          |                          |                                     |
| OTHER ENTREES AND MEAT/MEAT ALTERNATES (Note: In Column A, indicate whether any items in this section were offered only with another particular food item. For example, a cheese stick with a peanut butter sandwich, a yogurt with a grilled cheese sandwich, or chicken nuggets with a roll). |                                 |                    |               |                     |                                       |                         |        |  |                          |                          |                                     |
| Beans or peas<br>(Specify type) _____   | cup                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> From dry <input type="checkbox"/> Canned<br><input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____   | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Burrito   | oz.                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Bean <input type="checkbox"/> Beef<br><input type="checkbox"/> Chicken <input type="checkbox"/> Cheese                                    | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Cheese (string cheese or cubes)   | oz.                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Reduced-fat   | <input type="checkbox"/> |                          |                                     |
| Cheese breadstick or pizza stick  | oz.                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Reduced-fat<br>Specify fillings: _____  | <input type="checkbox"/> |                          |                                     |
| Chicken nuggets (breaded)   | ea.                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried<br><b>Weight of each nugget: _____ oz.</b>   | <input type="checkbox"/> |                          |                                     |
| Chicken strips (not breaded)  | oz.                             |                    |               |                     |                                       |                         |        |  | <input type="checkbox"/> |                          |                                     |
| Chicken patty (not sandwich)  | oz.                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried  | <input type="checkbox"/> |                          |                                     |
| Chicken piece(s)<br>(Specify part) _____  |                                 |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Breaded <input type="checkbox"/> With skin<br><input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried                     | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Corndog   | oz.                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Beef or pork<br><input type="checkbox"/> Chicken or turkey  | <input type="checkbox"/> |                          |                                     |
| Egg rolls   | ea.                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Meatless <input type="checkbox"/> Beef or pork<br><input type="checkbox"/> Chicken or turkey<br><b>Weight of each egg roll: _____ oz.</b> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Fish sticks or nuggets  | ea.                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried<br><input type="checkbox"/> Breaded<br><b>Weight of each nugget/stick: _____ oz.</b>       | <input type="checkbox"/> |                          |                                     |
| Macaroni and cheese   | cup                             |                    |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Nachos  | oz.                             |                    |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Peanut butter   | oz.                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Reduced-fat   | <input type="checkbox"/> |                          |                                     |
| Pizza, cheese   | oz.                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Reduced-fat<br><input type="checkbox"/> Thick crust (deep-dish, bagel, French bread)  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Pizza, pepperoni  | oz.                             |                    |               |                     |                                       |                         |        | <input type="checkbox"/> Reduced-fat<br><input type="checkbox"/> Thick crust (deep-dish, bagel, French bread)  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

| A.<br>Food Item  | B.<br>Portion Size<br>(Include Units) | C.<br>Number of Portions |               |                     |                                       |                         |        | D.<br>Manufacturer/Brand Name and Product Code<br>(If Applicable)  | E.<br>Food Description   | F.<br>Check Box if USDA Food | G.<br>Check Box if Prepared from a Recipe |
|--|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|--|--------------------------|------------------------------|---|
|  |                                       | Total Prepared           | Sent Off-Site | Onsite              |                                       |                         |        |  |                          |                              |   |
|  |                                       |                          |               | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted |  |                          |                              |   |
| Pizza, sausage   | oz.                                   |                          |               |                     |                                       |                         |        | <input type="checkbox"/> Reduced-fat<br><input type="checkbox"/> Thick crust (deep-dish, bagel, French bread)  | <input type="checkbox"/> | <input type="checkbox"/>     |   |
| Pizza, vegetarian  | oz.                                   |                          |               |                     |                                       |                         |        | <input type="checkbox"/> Reduced-fat<br><input type="checkbox"/> Thick crust (deep-dish, bagel, French bread)<br>Specify toppings: _____   | <input type="checkbox"/> | <input type="checkbox"/>     |   |
| Pizza pocket   | oz.                                   |                          |               |                     |                                       |                         |        | <input type="checkbox"/> Reduced-fat<br>Specify filling: _____   | <input type="checkbox"/> | <input type="checkbox"/>     |   |
| Stir fry with rice or noodles  | cup                                   |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/>     |   |
| Spaghetti with sauce   | cup                                   |                          |               |                     |                                       |                         |        | <input type="checkbox"/> Meat sauce<br><input type="checkbox"/> Marinara sauce   | <input type="checkbox"/> | <input type="checkbox"/>     |   |
| Taco   |                                       |                          |               |                     |                                       |                         |        | <input type="checkbox"/> Hard shell <input type="checkbox"/> Soft tortilla<br><input type="checkbox"/> Bean <input type="checkbox"/> Beef<br><input type="checkbox"/> Chicken <input type="checkbox"/> Cheese  | <input type="checkbox"/> | <input type="checkbox"/>     |   |
| Yogurt   | oz.                                   |                          |               |                     |                                       |                         |        | Specify type: <input type="checkbox"/> Regular <input type="checkbox"/> Greek (high protein)<br>Specify fat: <input type="checkbox"/> Whole <input type="checkbox"/> Low-fat<br><input type="checkbox"/> Fat-free <input type="checkbox"/> Light<br>Specify flavors: _____ | <input type="checkbox"/> |                              |   |
|  |                                       |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/>     |   |
|  |                                       |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/>     |   |
| BREADS AND GRAINS OFFERED SEPARATELY (Note: In Column A, indicate wheter any items in this section were offered only with a particular entrée or meat/meat alternate. For example, crackers with Chef's salad or a roll with chicken nuggets.) |                                       |                          |               |                     |                                       |                         |        |  |                          |                              |   |
| Biscuit  | oz.                                   |                          |               |                     |                                       |                         |        | <input type="checkbox"/> Reduced-fat   | <input type="checkbox"/> | <input type="checkbox"/>     |   |
| Bread, plain   | oz.                                   |                          |               |                     |                                       |                         |        | Specify type: _____  | <input type="checkbox"/> |                              |   |
| Bread, buttered  | oz.                                   |                          |               |                     |                                       |                         |        | Specify type: _____<br><input type="checkbox"/> Margarine <input type="checkbox"/> Butter  | <input type="checkbox"/> | <input type="checkbox"/>     |   |
| Breadstick   | oz.                                   |                          |               |                     |                                       |                         |        | Specify type: _____  | <input type="checkbox"/> | <input type="checkbox"/>     |   |
| Cornbread  | oz.                                   |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> | <input type="checkbox"/>     |   |
| Corn/tortilla chips  | oz.                                   |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> |                              |   |
| Crackers   | ea.                                   |                          |               |                     |                                       |                         |        | Specify type: _____  | <input type="checkbox"/> |                              |   |
| Croutons   | oz.                                   |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> |                              |   |
| Rice   | cup                                   |                          |               |                     |                                       |                         |        | <input type="checkbox"/> White <input type="checkbox"/> Brown <input type="checkbox"/> Wild  | <input type="checkbox"/> | <input type="checkbox"/>     |   |
| Roll   | oz.                                   |                          |               |                     |                                       |                         |        | Specify type: _____  | <input type="checkbox"/> | <input type="checkbox"/>     |   |

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

| A.<br>Food Item   | B.<br>Portion Size<br>(Include Units) | C.<br>Number of Portions |               |                     |                                       |                         |        | D.<br>Manufacturer/Brand Name and Product Code<br>(If Applicable)  | E.<br>Food Description   | F.<br>Check Box if USDA Food | G.<br>Check Box if Prepared from a Recipe |
|---|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|--|--|------------------------------|---|
|   |                                       | Total Prepared           | Sent Off-Site | Onsite              |                                       |                         |        |  |  |                              |   |
|   |                                       |                          |               | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted |  |  |                              |   |
| Pasta   | cup                                   |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/>   |                              |   |
| Pretzels  | oz.                                   |                          |               |                     |                                       |                         |        | <input type="checkbox"/> Soft <input type="checkbox"/> Hard<br><input type="checkbox"/> Salted <input type="checkbox"/> Unsalted | <input type="checkbox"/>   |                              |   |
|   |                                       |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/>   | <input type="checkbox"/>     |   |
|   |                                       |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/>   | <input type="checkbox"/>     |   |
|   |                                       |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/>   | <input type="checkbox"/>     |   |
| DESSERTS, DRINKS, AND SNACKS OFFERED AS PART OF A REIMBURSABLE MEAL |                                       |                          |               |                     |                                       |                         |        |  |  |                              |   |
| Brownie   |                                       |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> Icing   | <input type="checkbox"/>     | <input type="checkbox"/>                  |
| Cake  |                                       |                          |               |                     |                                       |                         |        |  | Specify type: _____  | <input type="checkbox"/>     | <input type="checkbox"/>                  |
| Cookie  | oz.                                   |                          |               |                     |                                       |                         |        |  | Specify type: _____  | <input type="checkbox"/>     | <input type="checkbox"/>                  |
| Fruit crisp or cobbler  |                                       |                          |               |                     |                                       |                         |        |  | Specify type: _____  | <input type="checkbox"/>     | <input type="checkbox"/>                  |
| Fruit drink (not 100% juice)  | fl oz.                                |                          |               |                     |                                       |                         |        |  | Specify type: _____  | <input type="checkbox"/>     |   |
| Fruit turnover  | oz.                                   |                          |               |                     |                                       |                         |        |  | Specify type: _____  | <input type="checkbox"/>     | <input type="checkbox"/>                  |
| Gelatin   | cup                                   |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> With fruit<br><input type="checkbox"/> With whipped topping   | <input type="checkbox"/>     | <input type="checkbox"/>                  |
| Potato chips  | oz.                                   |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> Reduced-fat <input type="checkbox"/> Baked  | <input type="checkbox"/>     |   |
|   |                                       |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/>   | <input type="checkbox"/>     |   |
|   |                                       |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/>   | <input type="checkbox"/>     |   |
| SALAD DRESSINGS   |                                       |                          |               |                     |                                       |                         |        |  |  |                              |   |
| Caesar dressing   |                                       |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie<br><input type="checkbox"/> Fat-free | <input type="checkbox"/>     | <input type="checkbox"/>                  |
| French dressing   |                                       |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie<br><input type="checkbox"/> Fat-free | <input type="checkbox"/>     | <input type="checkbox"/>                  |
| Honey mustard dressing  |                                       |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie<br><input type="checkbox"/> Fat-free | <input type="checkbox"/>     | <input type="checkbox"/>                  |
| Italian dressing  |                                       |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie<br><input type="checkbox"/> Fat-free | <input type="checkbox"/>     | <input type="checkbox"/>                  |
| Ranch dressing  |                                       |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie<br><input type="checkbox"/> Fat-free | <input type="checkbox"/>     | <input type="checkbox"/>                  |

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

| A.<br>Food Item                      | B.<br>Portion Size<br>(Include Units) | C.<br>Number of Portions |               |                     |                                       |                         |        | D.<br>Manufacturer/Brand Name and Product Code<br>(If Applicable)  | E.<br>Food Description   | F.<br>Check Box if USDA Food | G.<br>Check Box if Prepared from a Recipe |
|--------------------------------------|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|--|--|------------------------------|---|
|                                      |                                       | Total Prepared           | Sent Off-Site | Onsite              |                                       |                         |        |  |  |                              |   |
|                                      |                                       |                          |               | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted |  |  |                              |   |
|                                      |                                       |                          |               |                     |                                       |                         |        | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie<br><input type="checkbox"/> Fat-free | <input type="checkbox"/>   | <input type="checkbox"/>     |   |
|                                      |                                       |                          |               |                     |                                       |                         |        | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie<br><input type="checkbox"/> Fat-free | <input type="checkbox"/>   | <input type="checkbox"/>     |   |
| CONDIMENTS                           |                                       |                          |               |                     |                                       |                         |        |  |  |                              |   |
| Self-serve condiments or fixins' bar | 1 serving                             |                          |               |                     |                                       |                         |        | <b>Please list all ingredients on a SELF-SERVE/ MADE-TO-ORDER BAR FORM</b>   |  |                              |   |
| Barbeque sauce                       |                                       |                          |               |                     |                                       |                         |        |  |  | <input type="checkbox"/>     |   |
| Butter                               |                                       |                          |               |                     |                                       |                         |        |  |  | <input type="checkbox"/>     |   |
| Cream cheese                         |                                       |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat<br><input type="checkbox"/> Fat-free | <input type="checkbox"/>     |   |
| Gravy                                |                                       |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat<br><input type="checkbox"/> Fat-free | <input type="checkbox"/>     | <input type="checkbox"/>                  |
| Honey                                |                                       |                          |               |                     |                                       |                         |        |  |  | <input type="checkbox"/>     |   |
| Hot sauce                            |                                       |                          |               |                     |                                       |                         |        |  |  | <input type="checkbox"/>     |   |
| Jalapeno peppers                     |                                       |                          |               |                     |                                       |                         |        |  |  | <input type="checkbox"/>     |   |
| Jelly                                |                                       |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> Sugar-free  | <input type="checkbox"/>     |   |
| Ketchup                              |                                       |                          |               |                     |                                       |                         |        |  |  | <input type="checkbox"/>     |   |
| Margarine                            |                                       |                          |               |                     |                                       |                         |        |  |  | <input type="checkbox"/>     |   |
| Mayonnaise                           |                                       |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat<br><input type="checkbox"/> Fat-free | <input type="checkbox"/>     |   |
| Mustard                              |                                       |                          |               |                     |                                       |                         |        |  |  | <input type="checkbox"/>     |   |
| Pickles, slices                      |                                       |                          |               |                     |                                       |                         |        |  |  | <input type="checkbox"/>     |   |
| Ranch dip                            |                                       |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat<br><input type="checkbox"/> Fat-free | <input type="checkbox"/>     | <input type="checkbox"/>                  |
| Relish                               |                                       |                          |               |                     |                                       |                         |        |  |  | <input type="checkbox"/>     |   |
| Salsa                                |                                       |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> Low sodium  | <input type="checkbox"/>     | <input type="checkbox"/>                  |
| Sour cream                           |                                       |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat<br><input type="checkbox"/> Fat-free | <input type="checkbox"/>     |   |
| Syrup                                |                                       |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> Sugar-free  | <input type="checkbox"/>     |   |
| Tartar sauce                         |                                       |                          |               |                     |                                       |                         |        |  | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat<br><input type="checkbox"/> Fat-free | <input type="checkbox"/>     | <input type="checkbox"/>                  |



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RECIPE FORM - EXPANDED (FULL AND LIMITED OUTLYING AREAS)

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SELF-SERVE/MADE-TO-ORDER BAR FORM - EXPANDED (FULL  
OUTLYING AREAS)

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NON-REIMBURSABLE FOODS FORM (FULL OUTLYING AREAS)

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## Non-Reimbursable Foods Form (Expanded)



**NOTES:**

- For instructions on completing this form, please refer to *Instructions for the Menu Survey*.
- Use this form to report foods that are sold solely on a non-reimbursable or a la carte basis and not available as part of a reimbursable meal or snack.
- Include **ONLY** non-reimbursable foods that are supplied or stocked by foodservice.
- For each food, record information on the number of portions either each day (in Column F) or as a total at the end of the week (in Column G).

**School Name:** \_\_\_\_\_ **Meal:**  Breakfast  Lunch  Outside of Meal Periods  
**Where Offered:**  Serving line breakfast  Serving line lunch  Snack bar  Vending Machine  Food Cart  School Store  Off-Site  Other: \_\_\_\_\_

| A.            | B.                           | C.                                  | D.  | E.               | F.                       |                         |        |               |             |                         |        |               |             |                         |        |               |             |                         |        |  |        |  |  |  | G.                              |             |                         |        |
|---------------|------------------------------|-------------------------------------|---|------------------|--------------------------|-------------------------|--------|---------------|-------------|-------------------------|--------|---------------|-------------|-------------------------|--------|---------------|-------------|-------------------------|--------|--|--------|--|--|--|---------------------------------|-------------|-------------------------|--------|
|               |                              |                                     |   |                  | Daily Number of Portions |                         |        |               |             |                         |        |               |             |                         |        |               |             |                         |        |  |        |  |  |  | Weekly Total Number of Portions |             |                         |        |
|               |                              |                                     |   |                  | Monday                   |                         |        |               | Tuesday     |                         |        |               | Wednesday   |                         |        |               | Thursday    |                         |        |  | Friday |  |  |  | Sent Off-Site                   | Sold Onsite | Left Over for Later Use | Wasted |
| Sent Off-Site | Sold Onsite                  | Left Over for Later Use             | Wasted                                    | Sent Off-Site    | Sold Onsite              | Left Over for Later Use | Wasted | Sent Off-Site | Sold Onsite | Left Over for Later Use | Wasted | Sent Off-Site | Sold Onsite | Left Over for Later Use | Wasted | Sent Off-Site | Sold Onsite | Left Over for Later Use | Wasted |  |        |  |  |  |                                 |             |                         |        |
| Food Name     | Portion Size (Include Units) | Check Box if Prepared from a Recipe | Manufacturer/ Brand Name and Product Code | Food Description |                          |                         |        |               |             |                         |        |               |             |                         |        |               |             |                         |        |  |        |  |  |  |                                 |             |                         |        |
|               |                              | <input type="checkbox"/>            |   |                  |                          |                         |        |               |             |                         |        |               |             |                         |        |               |             |                         |        |  |        |  |  |  |                                 |             |                         |        |
|               |                              | <input type="checkbox"/>            |   |                  |                          |                         |        |               |             |                         |        |               |             |                         |        |               |             |                         |        |  |        |  |  |  |                                 |             |                         |        |
|               |                              | <input type="checkbox"/>            |   |                  |                          |                         |        |               |             |                         |        |               |             |                         |        |               |             |                         |        |  |        |  |  |  |                                 |             |                         |        |
|               |                              | <input type="checkbox"/>            |   |                  |                          |                         |        |               |             |                         |        |               |             |                         |        |               |             |                         |        |  |        |  |  |  |                                 |             |                         |        |
|               |                              | <input type="checkbox"/>            |   |                  |                          |                         |        |               |             |                         |        |               |             |                         |        |               |             |                         |        |  |        |  |  |  |                                 |             |                         |        |
|               |                              | <input type="checkbox"/>            |   |                  |                          |                         |        |               |             |                         |        |               |             |                         |        |               |             |                         |        |  |        |  |  |  |                                 |             |                         |        |
|               |                              | <input type="checkbox"/>            |   |                  |                          |                         |        |               |             |                         |        |               |             |                         |        |               |             |                         |        |  |        |  |  |  |                                 |             |                         |        |



NON-REIMBURSABLE FOODS INVENTORY (FULL OUTLYING  
AREAS)

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## Non-Reimbursable Foods Inventory (Expanded)

**NOTES:**

- For instructions on completing this form, please refer to the Instructions for the Menu Survey.
- Use this form only if you are not able to report daily or weekly counts of units sold for each non-reimbursable food item.
- Use this form to report foods that are sold solely on a non-reimbursable or a la carte basis and not available as part of a reimbursable meal or snack.
- Be sure to inventory foods and beverages that are non-perishable, refrigerated, and frozen.



**School Name:** \_\_\_\_\_ **Meal:**  Breakfast  Lunch  Outside of Meal Periods  
**Where Offered:**  Serving line breakfast  Serving line lunch  Snack bar  Vending Machine  Food Cart  School Store  Off-Site  Other: \_\_\_\_\_

| A.<br>Food Name | B.<br>Individual Package Size (Include Units) | C.<br># Individual Packages in Bulk Case | D.<br>Manufacturer/Brand Name and Product Code | E.<br>Starting Onsite Inventory |                                  | F.<br>Deliveries (Number and/or Fraction of Full Bulk Container) |               |          |               |           |               |          |               |          |               | G.<br>Ending Onsite Inventory |                                  |
|-----------------|---|--|--|---------------------------------|----------------------------------|--|---------------|----------|---------------|-----------|---------------|----------|---------------|----------|---------------|-------------------------------|----------------------------------|
|                 |   |  |  | # Full Bulk Cases               | # Additional Individual Packages | Monday   |               | Tuesday  |               | Wednesday |               | Thursday |               | Friday   |               | # Full Bulk Cases             | # Additional Individual Packages |
|                 |   |  |  |                                 |                                  | Received   | Sent Off-Site | Received | Sent Off-Site | Received  | Sent Off-Site | Received | Sent Off-Site | Received | Sent Off-Site |                               |                                  |
|                 |   |  |  |                                 |                                  |  |               |          |               |           |               |          |               |          |               |                               |                                  |
|                 |   |  |  |                                 |                                  |  |               |          |               |           |               |          |               |          |               |                               |                                  |
|                 |   |  |  |                                 |                                  |  |               |          |               |           |               |          |               |          |               |                               |                                  |
|                 |   |  |  |                                 |                                  |  |               |          |               |           |               |          |               |          |               |                               |                                  |
|                 |   |  |  |                                 |                                  |  |               |          |               |           |               |          |               |          |               |                               |                                  |
|                 |   |  |  |                                 |                                  |  |               |          |               |           |               |          |               |          |               |                               |                                  |
|                 |   |  |  |                                 |                                  |  |               |          |               |           |               |          |               |          |               |                               |                                  |
|                 |   |  |  |                                 |                                  |  |               |          |               |           |               |          |               |          |               |                               |                                  |
|                 |   |  |  |                                 |                                  |  |               |          |               |           |               |          |               |          |               |                               |                                  |
|                 |   |  |  |                                 |                                  |  |               |          |               |           |               |          |               |          |               |                               |                                  |
|                 |   |  |  |                                 |                                  |  |               |          |               |           |               |          |               |          |               |                               |                                  |
|                 |   |  |  |                                 |                                  |  |               |          |               |           |               |          |               |          |               |                               |                                  |
|                 |   |  |  |                                 |                                  |  |               |          |               |           |               |          |               |          |               |                               |                                  |
|                 |   |  |  |                                 |                                  |  |               |          |               |           |               |          |               |          |               |                               |                                  |

