

DEPARTMENT OF EDUCATION

**Form Name:** FNS-418 (8-16)  
**Form Description:** Report of the Summer Food Service Program for Children  
**Program:** Child Nutrition Programs  
**State:** PR  
**Agency Code:** 4291501 **Agency Name:** PR DEPT OF EDUCATION  
**Program Time:** October 2018  
**Submission Type:** 90 **Revision:** 1  
**Submission Status:** New Submission

Part A | Parts B-D | Remarks

Part A		Part A - Meals Served	
48. Last reporting month of fiscal year: [0]			
		Total Meals - All Sponsors Report every month	
Meal Type		Self-Prop/Barra'l Sites (A)	Other Sites (B)
<b>Breakfasts</b>			
	Actual 5.	<input type="text"/>	<input type="text"/>
	Estimated 6.	<input type="text"/>	<input type="text"/>
	Total 7.	<input type="text"/>	<input type="text"/>
<b>Lunches</b>			
	Actual 8.	<input type="text"/>	<input type="text"/>
	Estimated 9.	<input type="text"/>	<input type="text"/>
	Total 10.	<input type="text"/>	<input type="text"/>
<b>Suppers</b>			
	Actual 11.	<input type="text"/>	<input type="text"/>
	Estimated 12.	<input type="text"/>	<input type="text"/>
	Total 13.	<input type="text"/>	<input type="text"/>
<b>Supplements</b>			
	Actual 14.	<input type="text"/>	<input type="text"/>
	Estimated 15.	<input type="text"/>	<input type="text"/>
	Total 16.	<input type="text"/>	<input type="text"/>
<b>Total</b>			
	Actual 17.	<input type="text"/>	<input type="text"/>
	Estimated 18.	<input type="text"/>	<input type="text"/>
	Total 19.	<input type="text"/>	<input type="text"/>