

Prototype Consolidation Form of First and Second Meals Served

Claim Period: ___/___/___ to ___/___/___

Site	Breakfast		Lunch		Snack		Supper	
	1 st Meal	2 nd Meal	1 st Meal	2 nd Meal	1 st Meal	2 nd Meal	1 st Meal	2 nd Meal
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
Total:								

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Meal Type	(A) Total 1 st Meal/Snacks Served	(B) Total 2 nd Meal/Snacks Served	(C) Total 2 nd Meal/Snacks Limitation (.02 x A)	(D) Allowable 2 nd Meals/Snacks - Lesser of (B) or (C)	(E) Allowable Total Meals/Snacks (A) + (D)
Breakfast					
Lunch					
Snack					
Supper					

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