Provider Name_____ Month_____

Menu Numbers and Substitutions

Instructions: Write in the menu numbers for **all** meals served each claiming day. All substitutions must be noted by meal type and date.

MENU NUMBERS										SUBSTITUTIONS		
Date	Day	B	AM	L	PM	D	EV	Infant #	**#Att**	Date	Meal	
1												
2												
3												
4												
5												
6												
7												
8												
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31												

Additional Substitutions and/or Comments:			