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 |  |  | ***SAMPLE*** |  |  |  |
|  |  |  | **Provider:** |   |  |  |
|  |  |  | **Site:** |   |  |  |
|  |  |  | **Date:** |   |  |  |
|  |  |  | **Program:** |   |  |  |
|  |  |  | **Sheet No:** |   |  |  |
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| Please put a mark in the checkbox if participant will be attending tomorrow. |  |  |
| **Name:** |  |  | **Signature:** |  |  |  |
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| Under the Penalties for perjury under State Law, I certify that this report is accurate and complete to the best of  |
| my knowledge and belief.  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Recorder:** |   |  | **Site Manager:** |   |  |  |
| **Total Meals:** |   |  |  |  |  |  |