



NM After School Snack Program Production Record

SFA DISTRICT: _____

Week of _____ School _____ Site Supervisor Signature _____

In order to claim reimbursement, the snacks claimed must contain at least two different components of the four components offered.

(1) Menu: Date:		(2) Food item	(3) Actual Serving Size	(4) Time/Temp	(5) Number of servings for students	(6) Number of servings for adults	(7) Number of servings Leftover	(8) Total reimbursable snacks served to students
Monday	*Meat/Mt/alt.							□
	*Fruit/Veg.							
	*Bread/Grain							
	*Milk							
Menu: Date:		Food item	Actual Serving size	Time/Temp	Number of servings for students	Number of servings for adults	Numbers of servings leftover	Total reimbursable snacks served to students
Tuesday	Meat/Mt/alt							□
	Fruit/Veg.							
	Bread/Grain							
	Milk							
Menu: Date:		Food item	Actual Serving size	Time/Temp	Number of servings for students	Number of servings for adults	Numbers of servings leftover	Total reimbursable snacks served to students
Wednesday	Meat/Mt/alt							□
	Fruit/Veg.							
	Bread/Grain							
	Milk							
Menu: Date:		Food item	Actual Serving size	Time/Temp	Number of servings for students	Number of servings for adults	Numbers of servings leftover	Total reimbursable snacks served to students
Thursday	Meat/Mt/alt							□
	Fruit/ Veg.							
	Bread/Grain							
	Milk							
Menu: Date:		Food item	Actual Serving size	Time/Temp	Number of servings for students	Number of servings for adults	Numbers of servings leftover	Total reimbursable snacks served to students
Friday	Meat/Mt/alt							□
	Fruit/Veg.							
	Bread/Grain							
	Milk							