BREAKFAST REPORTS

SIGNED_____ **Month:**_____ **Campus:**_____**Room #:**_____

STUDENTS NAME	M	T	W	T	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M
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STUDENT MEALS SERVED																			
ADULT MEALS SERVED																			
TOTAL MEALS SERVED																			
MEALS RETURNED																			