	Daily Meal Count Sheet
Business Name:	Month & Year:
Mark an "X" to indicate the client was served a complete me	eal. Leave the box blank if no meal was served to the client.

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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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