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| Oregon Department of Education  | Office of Student Services |
| Public Service Building | Child Nutrition Programs |
| 255 Capitol St. NE | (503) 947-5894 |
| Salem, OR 97310 | Daily Meal Edit Check & Consolidation  |

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| --- |
|  |
| Date | **Lunch** | **Breakfast** |
| **Free** | **Reduced Price** | **Paid** | **Total** | **Adult** | **Free** | **Reduced Price** | **Paid** | **Total** | **Adult** |
| **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** |  |  |  |  |  |  |  |  |  |  |
| **Totals** |  |  |  |  |  |  |  |  |  |  |

 **Required Edit**  Highest # Highest # of Lunches

 Attendance Approved Possible for Any

 Factor % in Month Serving Day **Attendance Factor % = Attendance/enrollment (membership)** this is In CNPweb on site sheet #55

Free \_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If a category (F/R/P) exceeds edit check, confirm students were in attendance

Reduced \_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Send email to your Child Nutrition Specialist requesting a claim over-ride.

Paid \_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Once the claim over-ride is granted the claim status will be “pending submission.”