WEEKLY REPORT FORM 3

WRITE LEGIBLY

SCHOOL NAME	LOC CODE	DIST

Saturday or Month-end Date

MONTH	DAY	YEAR

DONATED LEFT-OVER MEALS (Supp. Code D)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Estimated Dollar Value of Food Items Donated	04						

Note: Record the estimated value of donated left-over meals to District approved organizations on Line 04. Use the price and portion schedule when estimating the value of donated food items. Report dollars only, exclude cents.

EARLY EDUCATION PROGRAM (Supp. Code F)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
# of Snacks Sold	05						
# of Styro Foam Chest Sold	06						

SATURDAY MIGRANT EDUCATION (Supp. Code K)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
# of Breakfast Meals Sold	07						
# of Lunch Meals Sold	08						
# of Styro Foam Chest Sold	09						

LACTY - COMMUNITY DAY CENTERS (Supp. Code H)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
# of Breakfast Meals Sold	10						
# of Lunch Meals Sold	11						
# of Styro Foam Chest Sold	12						

LACTY - SOLEDAD ENRICHMENT ACTION (Supp. Code N)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
# of Breakfast Meals Sold	19						
# of Lunch Meals Sold	20						
# of Styro Foam Chest Sold	21						

LACTY - MIGRANT EVEN START (Supp. Code W)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
# of Lunch Meals Sold	24						

CHARTER SCHOOL		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
# of Breakfast Meals Sold							
# of Lunch Meals Sold							
# of Snack Meals Sold							
# of Styro Foam Chest Sold							

CHARTER SCHOOL		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
# of Breakfast Meals Sold							
# of Lunch Meals Sold							
# of Snack Meals Sold							
# of Styro Foam Chest Sold							

OTHERS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Certification: I certify to the best of my knowledge that the information entered on this report is true and correct, and in accordance with District policies and procedures

PREPARED BY (PRINT NAME)	SIGNATURE OF PREPARER	DATE
FINANCIAL MANAGER (PRINT NAME)	SIGNATURE OF FINANCIAL MANAGER	DATE

FSB Form 38.153 (Revised 09/06)