Pro Breakfast Bowl - 2009

Report From

School Name:_____ School Enrollment: _____ Phone Number:_____

District: _____

Contact Person: _____ Email Address: _____

Instructions: *Using your daily production records fill in the following information for each day of meal service in October, November and December 2008.* ***Total meals*** *for either breakfast or lunch includes student meals, faculty & guest meals.* ***Total milk*** *for either breakfast or lunch includes milk sold or served as a part of reimburseable meal (free, reduced, paid) for sutdent and faculty.* ***Ala Carte, Vending, Other*** *includes all milk sales from ala carte, vending managed by the school food service, or any other milk sales/promotions. Please fill out a seperate page for each month.*

Date	Breakfast			Lunch			Ala Carte, Vending, Other		
	Total Meals Served Brkfst	*8 oz milk*	*16 oz milk*	*Total Meals Served Lnch*	*8 oz milk*	*16 oz milk*	*8 oz*	*16 oz*	*other size container*

Report Form is subject to verfication with school and district records

Report Form must be received by the Dairy Council of UT/NV by January 7, 2009; 4:30 PM

* Dairy Council of UT/NV, 1213 E 2100 S, Salt Lake, UT 84106 **FAX (801) 487-6975**