Production Record

Date/Day: _____ Weather: _____ # of Reimbursable Meals: _____
Building: _____ Grade Levels: _____ Comments: _____

Menu Item	Recipe No.	Quantity		Portion Size	No. of Reimbursable Portions Served	No. of Non-Reimbursable Portions Served (Adult and Second Meals)	No. of Portions Leftover
		Prepared	Total No. of Portions				