WALLACE
WEEKLY CAFETERIA REPORT
BREAKFAST

WEEK:_____ #ENROLLMENT:_____ APPROVED FREE BREAKFAST APPLICATIONS:_____

APPROVED REDUCED PRICE BREAKFAST APPLICATIONS:_____

INCOME					BREAKFAST SERVED DURING THE WEEK						
DATE	CHILDREN	ADULTS	OTHER	TOTAL	TOTAL FREE	TOTAL REDUCED	TOTAL PAID	TOTAL BREAKFAST	ADULTS	TOTAL COUNT ACCUTAB/COOKS	
TOTAL											

This report is due in the District Business Office no later than Wednesday of each week.
Bank Deposit Receipts should be attached to report.
Daily Cafeteria Reports and Accuscan Receipts must be attached to the report and all math should be correct.
Report should be completed in PEN, Signed and Dated.

I certify that the above information is correct and complete.

Signature of Preparer:_____

Date:_____