Iowa Afterschool Snack Program
Food Production Record Worksheet

School/Location: _____

Agreement Number: _____

Dates: _____

Menu/Food Item	Grades:			Amount served:		Total number of snacks	
	Serving Size	Planned Number	Actual Number	Planned wt./vol./ct.	Actual wt./vol./ct.	Student	Adult Non-reimb.
Monday							
Item 1							
Item 2							
Other							
Tuesday							
Item 1							
Item 2							
Other							
Wednesday							
Item 1							
Item 2							
Other							
Thursday							
Item 1							
Item 2							
Other							
Friday							
Item 1							
Item 2							
Other							
Saturday/Sunday							
Item 1							
Item 2							
Other							

Signature of person responsible _____