



School: _____

Program: _____

Week of: _____

Completed by: _____

**AFTERSCHOOL SNACK PROGRAM
WEEKLY PRODUCTION RECORD**

Actual Snacks Served:
Students: _____
Adults: _____
Total: _____

Date	Menu Items	Recipe Number or Brand Name and Code Number	Planned Reimbursable Snack Servings		Planned Adult Servings (# of Servings)	Total Amount Prepared (LB or Quantity or Servings)	Leftovers (LB or Quantity or Servings)
			Ages:				
			Serving Size	# of Servings			

NOTES: _____

