

Menus (Group “Live-in” Setting)

*****Be sure to designate which foods are Food Bank foods, if food from other sources have been used.*****

Day & Date: _____

Initials: _____

| | |
|---|--|
| Breakfast (Number of People Served) | Food Prepared |
| | |
| Snacks (Number of People Served) | Food Prepared |
| | |
| Lunch (Number of People Served) | Food Prepared |
| | |
| Snacks (Number of People Served) | Food Prepared |
| | |
| Supper (Number of People Served) | Food Prepared |
| | |
| Snacks (Number of People Served) | Food Prepared |
| | |
| Other Items Used (Number of People Served) | (This is for large containers opened that will be used over long period of time) |
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