

Y.E.S. Inc.

Point of Service Reconciliation Form

Center's Name _____

Month/Year: _____

Date	Breakfast/AM Snack				Lunch				PM Snack				Supper			
	Inf	1-12	AR	Total	Inf	1-12	AR	Total	Inf	1-12	AR	Total	Inf	1-12	AR	Total
1				0				0				0				0
2				0				0				0				0
3				0				0				0				0
4				0				0				0				0
5				0				0				0				0
6				0				0				0				0
7				0				0				0				0
8				0				0				0				0
9				0				0				0				0
10				0				0				0				0
11				0				0				0				0
12				0				0				0				0
13				0				0				0				0
14				0				0				0				0
15				0				0				0				0
16				0				0				0				0
17				0				0				0				0
18				0				0				0				0
19				0				0				0				0
20				0				0				0				0
21				0				0				0				0
22				0				0				0				0
23				0				0				0				0
24				0				0				0				0
25				0				0				0				0
26				0				0				0				0
27				0				0				0				0
28				0				0				0				0
29				0				0				0				0
30				0				0				0				0
31				0				0				0				0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Signature _____

Date _____