

KEY: Provide portions for age group representing majority of children.

M/MA: Meat or meat alternate (portion must be listed in ounce weight)

F/V: Full-strength juice or fruit or vegetable (portion must be listed in cup measure)

G/B: Grains/breads (portion must be listed in ounces or grams, or if bread, by the slice)

M: Milk (portion must be listed in cup measure)

O/F: Other foods

ILLINOIS STATE BOARD OF EDUCATION
 Nutrition Programs
 100 North First Street, W-270
 Springfield, Illinois 62777-0001

LUNCH/SUPPER MENUS

AGREEMENT NUMBER _____ - _____ - _____		SPONSOR NAME AND ADDRESS _____	
<input type="checkbox"/> Child and Adult Care Food Program		<input type="checkbox"/> Summer Food	
MAJORITY OF CHILDREN ARE AGES: <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-12		CONTACT PERSON _____ PHONE _____	

Component (See Key Above)	MENU		ISBE CORRECTION	MENU		ISBE CORRECTION	MENU		ISBE CORRECTION
	ITEM	Portion		ITEM	Portion		ITEM	Portion	
M/MA:	Day 1			Day 2			Day 3		
F/V-1:									
F/V-2:									
G/B:									
M:									
O/F:									
M/MA:	Day 4			Day 5			Day 6		
F/V-1:									
F/V-2:									
G/B:									
M:									
O/F:									
M/MA:	Day 7			Day 8			Day 9		
F/V-1:									
F/V-2:									
G/B:									
M:									
O/F:									
M/MA:	Day 10			Day 11			- ISBE USE ONLY - _____ Date _____ ISBE Approved _____ The menus have been approved with corrections noted. Any additional changes to the approved menus may make the meals ineligible for reimbursement.		
F/V-1:									
F/V-2:									
G/B:									
M:									
O/F:									