



## DECOMPTE DES REPAS HEBDOMADAIRE

SIGNATURE DU RESPONSABLE::

ETABLISSEMENT:.....

SEMAINE:DU..... AU.....

| JOURS    | ENFANTS | ADULTES | REGIMES<br>SANS PORC | VEGETA-<br>RIENS | SANS<br>LAIT | REGIMES AUTRES | Pain | Total<br>enfants | Total<br>adultes | Gouter |
|----------|---------|---------|----------------------|------------------|--------------|----------------|------|------------------|------------------|--------|
| LUNDI    |         |         |                      |                  |              |                |      |                  |                  |        |
| MARDI    |         |         |                      |                  |              |                |      |                  |                  |        |
| MERCREDI |         |         |                      |                  |              |                |      |                  |                  |        |
| JEUDI    |         |         |                      |                  |              |                |      |                  |                  |        |
| VENDREDI |         |         |                      |                  |              |                |      |                  |                  |        |

SUGGESTIONS

REMARQUES ET PROBLEMES DE LA SEMAINE PASSEE