The University of the State of New York THE STATE EDUCATION DEPARTMENT

Child Nutrition Local Assistance Unit Room 409, Education Building Albany, New York 12234 (518) 474-3926

MONTHLY CLAIM FOR REIMBURSEMENT SUMMER FOOD SERVICE PROGRAM CLAIM FORM – PAGE 1

of Days of Service

of Days of Service

Site

LEA Code

Breakfast Lunch Snack Supper

Site

LEA Code

Breakfast
Lunch
Snack
Supper

Print Name

Program

4th Meal Supplement

4th Meal Supplement

Program

Sponsor Name Sponsor LEA Code July <u>June</u> **Claim Period August September** Site Name First Meals Total Seconds Site Name First Meals Seconds Total

Site LEA Code		Site Name							
Program	# of Days of Service	First Meals	Seconds	Total					
Breakfast									
Lunch									
Snack									
Supper									
4 th Meal Supplement									

	Contact
Name	Telephone Number

CERTIFICATION

I hereby certify that the information contained in this claim is accurate and the supporting documentation is available for review. The sponsor is aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and federal criminal statutes.

Signature of Authorized Person	Date	
or Designated Representative		

CONTINUATION SHEET PAGE 2 MONTHLY CLAIM FOR REIMBURSEMENT SUMMER FOOD SERVICE PROGRAM						Spor	nsor	r Name	-																				
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