



Tennessee Department of Human Services

CLAIM FOR REIMBURSEMENT

Summer Food Service Program

1. Check Appropriate Claim Type <input type="checkbox"/> Original <input type="checkbox"/> Revised Based on Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Timely Submission <input type="checkbox"/> Late Submission	2. AGREEMENT NUMBER 3. NAME AND ADDRESS OF INSTITUTION
4. MONTH AND YEAR CLAIMED MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5. TOTAL NUMBER OF DAYS FOOD SERVICE WAS PROVIDED FOR PERIOD CLAIMED <input type="checkbox"/> <input type="checkbox"/>	

6. Number of Partial Month Meals Served <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. Total Number of Sites Operated <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Food Served to Children		
	First Meal Served	Second Meal Served
8. Total Number of Breakfasts Served	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9. Total Number of A.M. Supplements Served	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10. Total Number of Lunches Served	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11. Total Number of P.M. Supplements Served	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12. Total Number of Suppers Served	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

13. Actual Operating and Administrative Expenses for Reporting Month for This Contract:		
Category	Month Ending	Year to Date Total
Administrative Salaries		
Labor (site)		
Labor (Kitchen)		
Non-Food Supplies		
Utilities		
Kitchen or Truck Rental		
Equipment Rental		
Other-Specify		
Total		

14. Do you receive any other money from other CACFP Programs? Yes No
 If yes, please list the contracts:

I certify that the information on this application and the attached Site Information Document(s), is true to the best of my knowledge, that reimbursements will be claimed only for meals served to eligible children at approved food service sites, and that these sites have been visited and have the capability and facilities for the meal service planned for the number of children anticipated to be served and that the organization will directly operate the Program in accordance with 7 CFR 225.14(d)(3). I understand that this information is being given in connection with the receipt of Federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. The program must be made available to all eligible children regardless of race, color, national origin, sex, age or disability. If government sponsor, I certify that the program is directly operated at all sites.

15. Signature of Preparer <hr/>	16. Preparer's Title <hr/>	17. Preparation Date <table style="width:100%; text-align: center;"> <tr> <th style="width:33%;">MO</th> <th style="width:33%;">DAY</th> <th style="width:33%;">YEAR</th> </tr> <tr> <td><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> </table>	MO	DAY	YEAR	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
MO	DAY	YEAR						
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