

CACFP Reimbursement Claim for Sponsoring Organization of Day Care Homes

1 Institution Information					
Institution Name	Agreement	Claim Month/Year	Claim Type (check one)		
			<input type="checkbox"/> Original <input type="checkbox"/> Amendment		
2 Attendance Reporting					
Description	Tier I	Tier II (High)	Tier II (Low)	Tier II (Mix)	Total
Number of Homes Participating					
Total Attendance					
Number of Days Meals were Served					
3 Meals Served					
Description	Tier I	Tier II (High)	Tier II (Low)	Total Meals Served	
Breakfast					
AM Snacks					
Lunch					
PM Snacks					
Supper					
Night Snacks					
4 Allowable Administrative Expenditures				Amount	
Administrative Labor					
Administrative Supplies					
Administrative Services					
Travel					
Training/Education					
Incident Costs					
Total Administrative Expenditures					
5 Income				Amount	
Income to CACFP Program					
6 Application of CACFP Funds During the Month				Amount	
Payment to Homes					
7 Certification					
<p>I certify that this claim is true and correct; that it is in accordance with the terms of existing Agreement(s); that records are available to support this claim; and that payment has not been previously received. I further 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 statutes.</p>					
<p>Sign Here ► _____</p> <p style="font-size: small;">Keep copy for your records</p>					
Signature of Authorized Representative			Date of Preparation		
_____			_____		
Printed Name of Authorized Representative			Contact Phone Number		