

SFSP Site Level Claim Reimbursement

(You are encouraged to enter this form on line)

1 Monthly Claim Form				
Site Name	Sponsor Agreement Number	Month/Year Claimed	Claim Type (check one)	
			<input type="checkbox"/> Original	<input type="checkbox"/> Amended

2 Attendance Reporting
Number of Operating Days this Claim Period

3 Meals Served						
	Breakfast	Lunch	Supper	A.M. Snack	P.M. Snack	Total
Eligible Children (1 st meal)						
Eligible Children (2 nd meal)						
Disallowed Meals						
Program Adults						
Non-Program/Other Adults						

Optional 4 General Operating Costs	Amount	Optional 5 Administrative Costs	Amount
Costs of Food Used		Administrator	
Nonfood Supplies Used		Monitor	
Direct Labor		Secretary	
Facilities/Utilities		Bookkeeper/Accountant	
Transport of Prepared Food to Sites		Printing/Mail/Phone	
Transport of Children to Rural Sites		Utilities	
Equipment/Truck Rental		Office Supplies	
Other		Travel To/From Site	
Total		Indirect Cost	
6 Funds Received for the Month-Required	Amount	Other	
Adult Meals Payments		Total	
Program Income (Do not include vended/catered meal payments. No program payments or advances)			
Total			

<p>7 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>Keep a Copy for your records.</p>	<p style="text-align: center;">_____ Signature of Authorized Representative</p> <p style="text-align: center;">_____ Date of Preparation</p>
<p style="text-align: center;">_____ Printed Name of Authorized Representative</p>	<p style="text-align: center;">_____ Contact Phone Number (optional)</p>

- For Sponsors with more than one site, complete a claim for each site, individually. Complete and sign all documents in ink!

Completing your claim

① Monthly Claim Section

- **Site Name**- Enter complete name as specified on the Sponsor Agreement (SFSP 1)
- **Agreement Number**- Enter correct Sponsor agreement number
- **Month/Year Claimed**- Enter month and year that claim applies to (example, June 2007)
- **Claim Type** Check either "Original" or "Amended." An "Amended" claim is for making revisions to a previous claim.

② Attendance Reporting Section

- **Number of Operating Days this Claim Period**- Enter the highest number of days food service was provided within claim month for each individual eligible site.

③ Meals Served Section

- **Eligible Children (1st meal)**-Enter the number of eligible first meals served during the claim month for each meal type at each individual site.
- **Eligible Children (2nd meal)**-Enter the number of eligible second meals served during the claim month for each meal type at each individual site (This number cannot exceed 2% of first meals claimed).
- **Disallowed Meals**-Enter the total number of meals disallowed by the State Agency for this claim month at each individual site.
- **Program Adults**-Enter the total program meals consumed by SFSP adult staff members at each individual site.
- **Non-Program/Other Adults**- Enter the total program meals consumed by Non-Program Adults at each individual site.
- **Total Meals Served** must equal sum of all meals by meal types at each individual site.

④ General Operating Costs Section- Optional

⑤ Administrative Costs Section - Optional

⑥ Funds Received During the Month Section- Required

- **Adult Meal Payments received from Non-Program/Other Adults.**
- **Program Income**-Do not include program payments/advances. Enter the funds received at each individual site.

⑦ Certification

- Be sure an authorized representative recorded on the Statement of Authority signs and dates the SFSP Site Application in ink.

Mailing your claim

- Mail **original signed** claim to:

Special Nutrition Programs Claims
2032 Mail Service Center
Raleigh, NC 27699-2032

Claim Status and Inquiries Call 866-622-2733 (toll free)