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**

Sponsor Name _____

Sponsor LEA Code

Claim Period

June ☐   July ☐

August ☐   September ☐

Site LEA Code

Site Name _____

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

Site LEA Code

Site Name _____

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

Site LEA Code

Site Name _____

Program	# of Days of Service	First Meals	Seconds	Total
Breakfast				
Lunch				
Snack				
Supper				
4th 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
or Designated Representative**   **Date**

_____

Print Name

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