Print Form

Nevada Department of Education
Child Nutrition Program
(775) 687-9144

Monthly Site Claim for Reimbursement

National School Lunch, School Breakfast, Afterschool Snack and Special Milk Programs

Monthly Claim Form			
Sponsor Name	Site Name	Agreement Number	Month Claimed

Submission Type:	NDE Site Claim	Received Date (NDE Use only):	
Authorized Signature:			

Meals Served to Children						
	Lunch	Breakfast		Afterschool Snacks		Special Milk
		Regular	Severe Need	Regular	Area Eligible	
Paid						
Free						
Reduced						

Eligible Children						
	Lunch	Breakfast		Afterschool Snacks		Special Milk
		Regular	Severe Need	Regular	Area Eligible	
Paid						
Free						
Reduced						

Program Information						
	Lunch	Breakfast		Afterschool Snacks		Special Milk
		Regular	Severe Need	Regular	Area Eligible	
Days Meals or Milk Served						

Miscellaneous Information			
Highest Number of Children Fed on Any Given Day (RCCI Only)			
	Breakfast	Lunch	Snack
Adult Meals (earned and paid)			
Other Revenue Dollars (include a la carte and separate milk sales)	$		

Special Milk Program			
Number of 1/2 pints of milk served in Pricing or Non-Pricing Program (only complete if you entered a number in the Eligible Children, Special Milk, Paid cell above)		Average Milk Cost per 1/2 pint purchased (Round to four digits). Only complete this if you have entered 1/2 pints of free milk based on income eligibility	
Number of 1/2 pints of free milk served based on income eligibility (only complete if you entered a number in the Eligible Children, Special Milk, Paid cell above)			

I acknowledge that I am the school food authority responsible for reviewing and analyzing meal counts to ensure accuracy as specified in 7CFR 210.8 governing claims for reimbursement. I acknowledge that failure to submit accurate claims will result in the recovery of an overclaim and may result in the withholding of payments, suspension or termination of the program as specified in 7 CFR 210.24. I acknowledge that if failure to submit accurate claims reflects embezzlement, willful misapplication of funds, theft or fraudulent activity, the penalties specified in 7 CFR 210.25 shall apply.

I certify that I have reviewed and analyzed the milk counts to ensure their accuracy; that the number of half pints of milk were served in accordance with the terms of special milk program agreement; that the claim is correct and just; that payment therefore has not been received; and that records are available to substatiate this claim.

I have read the instructions for filing the claim and am aware that if the claim is not submitted by the claim deadline the claim may not be paid.