

CLAIM FOR REIMBURSEMENT WORKSHEET-MEALS

Contractor	Program No. TX <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Month and Year
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DATE	NUMBER BREAKFASTS		NUMBER A.M. SNACKS		NUMBER LUNCHESES		NUMBER P.M. SNACKS		NUMBER AT RISK AFTERSCHOOL	NUMBER SUPPERS		NO. EVENING SNACKS	
	Total First Meals	Total Second Meals	Total First Meals	Total Second Meals	Total First Meals	Total Second Meals	Total First Meals	Total Second Meals	Total First Meals	Total First Meals	Total Second Meals	Total First Meals	Total Second Meals
1													
2													
3													
4													
5													
6													
7													
8													
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29													
30													
31													
TOTALS													

Transfer program participant meal information to the corresponding column for the appropriate program on the
Form 1532, Claim for Reimbursement – Special Nutrition Programs.

DATE	NAME OF PAYEE	CHECK NO. OR CASH RECEIPT	ADMINISTRATIVE COSTS				PROGRAM OPERATION COSTS					TOTAL CREDITS
			Labor and Fringe	Travel	Other	Total Administrative Costs	Labor and Fringe	Food Purchases	Non-Food Purchases	Other	Total Program Operational Costs	
TOTALS:						Total					Total	