Name of Contracting Entity (CE)	CE ID	Name of Site	Site #	Date
Test Sponsor	12345	Hope & Development	9000018817	06/15/2022

Participant's Name	At	Age	Brk	Am Snk	Lun	Pm Snk	Sup	Eve Snk
1 Adam Walker	Χ	12Y 4M				Х	Х	
2 Bob Cunningham	Х	9Y 0M				Х	Х	
3 Eugene Allen	Х	10Y 4M				Х	Х	
4 Francis Greene	X	8Y 11M				X		
5 Jimmy Hall	X	10Y 9M				X	X	
6 Julie Patterson	X	8Y 1M				X	X	
7 Kari Sandoval	X	5Y 9M				X	X	
8 Louis Howard	X	6Y 1M				X	X	
9 Marshall Bowers	X	5Y 2M				X	X	
10 Russell Patterson	X	7Y 4M				X	X	

Total breakfasts:	0	Total am snacks:	0	Total lunches:	0	Total Non-Program Meals:	0
Total pm snacks:	10	Total suppers:	9	Total evening snacks:	0	Total Program Participants:	10

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible Program participants. I understand that misrepresentation may result in prosecution under applicable state or federal laws.

Sign	06/15/2022
Signature - Site Representative	Date