

	M								Tu								W								Th								Fri							
	At	E	B	A	L	P	S	E	At	E	B	A	L	P	S	E	At	E	B	A	L	P	S	E	At	E	B	A	L	P	S	E	At	E	B	A	L	P	S	E
Payable Total	0	9	0	10	10	0	0	0	10	0	11	11	0	0	0	9	0	11	9	0	0	0	9	0	10	9	0	0	0	9	0	11	11	0	0					
Non-Payable (Over Claim Limit)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
Non-CACFP (Program Staff/Non-Program)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
Disallowed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
Attendance Total	13	0	0	0	0	0	0	12	0	0	0	0	0	0	13	0	0	0	0	0	0	13	0	0	0	0	0	0	14	0	0	0	0	0	0					
Meal Count Total	13	0	9	0	10	10	0	12	0	10	0	11	11	0	13	0	9	0	11	9	0	13	0	9	0	10	9	0	14	0	9	0	11	11	0					

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.

Signature

Date