

Food and Nutrition
School Nutrition Programs (SNP)
Claim for Reimbursement – Site Level

Those contracting entities that **do not** use the Texas Unified Nutrition Programs System (TX-UNPS), use this form to submit a SNP Claim for Reimbursement – Site Level.

CONTACT INFORMATION

1. Name of Contracting Entity (CE)		2. CE ID	3. Month/Year Claimed	4. Version
5. Claim Preparer:				
Salutation	First Name	Last Name	6. Email Address	
7. Phone (include area code)	Extension	8. Fax (include area code)	9. Title	

SCHOOL NUTRITION PROGRAM

General Information

Site Name	Site ID
G1. Number of Children Approved for Free Meals:	
G2. Number of Children Approved for Reduced Price Meals:	
G3. Number of Children Enrolled:	

National School Lunch Program

L1. Authorized Sites Participating:
L2. Total Monthly Attendance:
L3. Number of Operating Days:
L4. Reimbursable Lunches Served
a. Free Lunches Served:
b. Reduced Price Lunches Served:
c. Paid Lunches Served:

School Breakfast Program (Regular Reimbursement)

B1. Authorized Sites Participating:
B2. Total Monthly Attendance:
B3. Number of Operating Days:
B4. Reimbursable Breakfasts Served
a. Free Breakfasts Served:
b. Reduced Price Breakfasts Served:
c. Paid Breakfasts Served:

School Breakfast Program (Severe Need Reimbursement)

N1. Authorized Sites Participating:
N2. Total Monthly Attendance:
N3. Number of Operating Days:
N4. Reimbursable Breakfasts Served
a. Free Breakfasts Served:
b. Reduced Price Breakfasts Served:
c. Paid Breakfasts Served:

Afterschool Care Program (Non-Area Eligible)

A1. Number of Children Approved for Free Snacks:
A2. Number of Children Approved for Reduced Snacks:
A3. Number of Enrolled Children:
A4. Authorized Sites Participating:
A5. Total Monthly Attendance:
A6. Number of Operating Days:
A7. Reimbursable Snacks Served
a. Free Snacks Served:
b. Reduced Price Snacks Served:
c. Paid Snacks Served:

Afterschool Care Program (Area Eligible)

A1. Number of Children Approved for Free Snacks:
A2. Number of Enrolled Children:
A3. Authorized Sites Participating:
A4. Total Monthly Attendance:
A5. Number of Operating Days:
A6. Reimbursable Snacks Served
a. Free Snacks Served:

Special Milk Program

M1. Number of Fluid Milk ½ Pints Purchased:
M2. Total Cost of Fluid Milk Purchased This Month: \$
M3. Authorized Sites Participating:
M4. Total Monthly Attendance:
M5. Number of Operating Days:
M6. Reimbursable Milk Served (Students Only)
a. Free Milk Served:
b. Paid Milk Served:

SEAMLESS SUMMER OPTION

National School Lunch/Suppers

SL1. Authorized Sites Participating:
SL2. Enrollment:
SL3. Number of Operating Days:
SL4. Reimbursable Meals Served:
a. Free Lunches Served:
b. Free Suppers Served:

School Breakfast Program (Regular Reimbursement)

SB1. Authorized Sites Participating:
SB2. Enrollment:
SB3. Number of Operating Days:
SB4. Reimbursable Meals Served:
a. Free Breakfast Served:

School Breakfast Program (Severe Need Reimbursement)

SN1. Authorized Sites Participating:
SN2. Enrollment:
SN3. Number of Operating Days:
SN4. Reimbursable Meals Served:
a. Free Severe Need Breakfast Served:

Afterschool Care Program

SS1. Authorized Sites Participating:
SS2. Enrollment:
SS3. Number of Operating Days:
SS4. Reimbursable Snacks Served:
a. Free AM Snacks:
b. Free PM Snacks:

CERTIFICATION

I certify to the best of my knowledge, this claim is true and correct in all respects, records are available to support the claim, the claim is in accordance with the existing agreement and that payment has not been received. I know that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

Signature – Authorized Representative of Contracting Entity

Date

Name (please type or print)	Title
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