

**INSTRUCTIONS FOR  
DOCUMENTATION OF MEALS CLAIMED (H1540)**

Contracting entities (CEs) that are sponsoring organizations must use this form, or alternate, to record consolidated attendance, meal counts by type, and total Program dollars paid to each site during each claim month. TDA staff will review this information during administrative reviews and at any time upon request.

**NOTE:** Use the Documentation of Meals Claimed – At-Risk (H1540 - AT) along with this form to document the meals served under the at-risk afterschool care center component of CACFP for sites that operate both traditional and at-risk at the same site. The sponsor will have two forms for these sites each claim month.

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**IDENTIFYING INFORMATION**

**Name of Contracting Entity (CE)** – Enter the name of the contracting entity.

**CE ID** – Enter the five-digit CE ID that has been assigned to you by the Texas Unified Nutrition Programs System (TX-UNPS).

**Month and Year** – Enter the claim month and year to which this information pertains.

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**Name of Site** – Enter the name of each site alphabetically.

**Site #** – Enter the four-digit site number that has been assigned to the site by TX-UNPS.

**Attendance** – Enter the total monthly attendance for only those children/participants who will be claimed during the claim month and year.

**Number of Meals Claimed** – For each site enter the total number of meals claimed by meal type.

**Total Dollars Paid** – Enter the total reimbursement paid to each site.

**Totals**– Enter the total for each column.

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**CERTIFICATION**

**Read the Certification Statement.** An authorized representative signs, dates, and enters his/her title certifying that the completed information is true and correct.

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