

Food and Nutrition  
**Summer Food Service Program (SFSP)**  
**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 SFSP 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	

<b>Site Name:</b>	<b>Site ID:</b>
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**Self-Prep and/or Vended-Rural Meals Served to Children**

Report only meals meeting the requirement on the agreement. By completing the Camp Meals Served column, I certify that the Actual Eligible ADP for each Camp session is correct and accurate on the Site Application.			
	<b>First Meals Served</b>	<b>Second Meals Served</b>	<b>Camp Meals Served</b>
1. Breakfast			
2. AM Snack			
3. Lunch			
4. PM Snack			
5. Supper			

**Vended-Urban Meals Served to Children**

Report only meals meeting the requirement on the agreement. By completing the Camp Meals Served column, I certify that the Actual Eligible ADP for each Camp session is correct and accurate on the Site Application.			
	<b>First Meals Served</b>	<b>Second Meals Served</b>	<b>Camp Meals Served</b>
6. Breakfast			
7. AM Snack			
8. Lunch			
9. PM Snack			
10. Supper			

