FNS Form 143 (electronic)

Back | Submit | Check Form

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United States Department of Agriculture, Food and Nutrition Service

Summer Food Service Program (SFSP) Claim for Reimbursement

1. Sponsor Number

Adjusted Claim ☐

2. Name and Addrees of Sponsor Organization

Org Name 1	
Org Name 2	
Addr 1	
Addr 2	
Addr 3	
City	
State	
Zip+4	

3. Month on this Claim with Greatest Number of Operating Days

Month	Year

4.Month(s) Covered by This Claim

You may include no more than ten operating days of the month preceding and/or following the month with the greatest number of operating days.

	Month	Year
a.		
b.		
c.		

5.Total Number of Days SFSP Meals Served This Month	
a.	
b.	
c.	

Number of Meals SERVED TO Eligible Children	
6.Breakfasts	
firsts	
seconds	
Allowable Meals	
7.Lunches	
firsts	
seconds	
Allowable Meals	
8.Suppers	
firsts	
seconds	
Allowable Meals	
9.Supplements	
firsts	
seconds	
Allowable Meals	

Program Operating and Administrative Costs		
10.Operating Costs		
a.Food		
b Labor		
c.Other		
		YTD
11.Total Operating Costs		
Operating Earnings		
Operating Payment		
12.Total Administrative Costs		
Administrative Earnings		
Administrative Payment		

13. All Non-USDA Income Received for Food Service

I CERTIFY that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim, that it is in accordance with the terms of existing Agreements(s); and that payment therefore has not been received. I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. I also understand that this information is being given in connection with the receipt of Federal funds; and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. I further certify that all claims for reimbursement shall be submitted to the Regional Office no later than the legislatively mandated deadline of 60 days after the end of the claim period. I understand that failure to submit claims within the 60 day deadline may result in such claims not being paid.

All receipts, invoices and other evidence of purchase must be retained and available for future audit for a period of 3 years after the date of submission of the final claim for the fiscal year to which they pertain.

No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing regulations (7 CFR 225) .

14.Preparation Date	
Date Received	
Signature of Authorized Representative	
Title	
Contact Telephone Number	

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Name of Authorized Representative [Print]	

Entry Date	
Approval Serial No.	
Paylist Number	
Paylist Date	

Form FNS-143 (10-99)