

U.S. Department of Agriculture Food and Nutrition Service

School: Lunch/Breakfast/Snack Claim for Reimbursement

Please read instructions on page 2 carefully before completing form.

Sponsor Number:	Claim Month/Year:	<input type="checkbox"/> Amended
Sponsor Name:	Phone:	Region #:
Address:	Fax:	County:
	E-Mail:	

City:	State:	Zip:	Person Preparing Claim:
1. General Data			
	Lunch	Reg Brk	SN Brk
a. Number of schools participating			
b. Number of days meals served			
c. Enrollment			
d. Average Daily Attendance			
e. Number Approved for Free			
f. Number Approved for Reduced			

2. Student Lunch Participation and Reimbursement			
Lunch	Meals Served	Rates	
a. Paid	<input checked="" type="checkbox"/>		
b. Reduced	<input checked="" type="checkbox"/>		
c. Free	<input checked="" type="checkbox"/>		
d. Total Student Lunches			Subtotal

3. Student Breakfast Participation and Reimbursement			
Regular Breakfast	Meals Served	Rates	
a. Paid	<input checked="" type="checkbox"/>		
b. Reduced	<input checked="" type="checkbox"/>		
c. Free	<input checked="" type="checkbox"/>		
Severe Need Breakfast	Meals Served	Rates	
d. Paid	<input checked="" type="checkbox"/>		
e. Reduced	<input checked="" type="checkbox"/>		
f. Free	<input checked="" type="checkbox"/>		
g. Total Student Breakfasts			Subtotal

4. Student Snacks Participation and Reimbursement			
Snacks	Meals	Rates	
a. Paid	<input checked="" type="checkbox"/>		
b. Reduced	<input checked="" type="checkbox"/>		
c. Free	<input checked="" type="checkbox"/>		
d. Area Eq. Free			Subtotal
e. Total Student Snacks			

5. Total Reimbursement	Total
-------------------------------	-------

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 AGREEMENT(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 *

Signature of Authorized Representative	Date of Preparation
--	---------------------

Notes



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0584-0284. The time required to complete this information collection is .5 hour per response, including the time to review instructions, search existing data resources, gather the data need, and complete and review the information collection.

FNS 806A Instructions

Claim Submission Instructions

SPECIAL NOTE: AN ADJUSTED CLAIM completely voids all previous claims for the same month. Therefore, you should include ALL of your reporting data for the entire month operations.

General

You should use this claim form to report information for the National School Lunch and Breakfast Programs which are administered by the Food and Nutrition Service, USDA. This information should cover activities during one calendar month; however, you may include up to 10 operating days of the month after the last full month of operation. The amount of money you receive will be based on reimbursement rates in effect for the month being reported.

Complete only those sections of the claim form that apply to your operation. This claim will be returned to you and no payment will be made if your claim is not properly completed. Therefore, be sure you sign and date this claim before submitting it to our Regional Office.

If you have any questions about how to complete an item on this claim form, please contact your Regional Office for assistance immediately. An improperly completed form will delay processing of your reimbursement check.

SPECIFIC ITEMS

Information at top of claim form - Check to be sure if the pre-printed information is correct. If the sponsor number or your name and address are missing, please put in the proper information. If either or both are incorrect, immediately contact your Regional Office to get corrections made. Enter the month and year that this claim covers. For example, January 1998 would be entered as 01 98. If this is a revision of a previous claim, check the box marked amended?

General Data

1a., b., c. Enter the requested data for each program for which you participate and has been approved on your application approval.

1d. - Average daily attendance (ADA) can be determined as follows:

This is calculated by dividing Total Student Attendance for this Month by Days of Operation (NOTE: Use actual attendance counts. DO NOT USE meal counts to determine attendance.

1e., f. - Enter the number of children who had approved applications on file during the reporting month. (NOTE: Use the highest number of children eligible for any given day of the month.) Make every effort to ensure this information is complete and accurate.

NOTE: For items 2 through 4 it is only necessary to enter the number of meals served by category. The rates, reimbursement by category, total student lunches and total reimbursement will automatically be calculated.

2a., b., c. - Enter the number of lunches served for each category.

3a., b., c. - Enter the number of breakfasts served for each category for sites that are not approved for the Severe Need Breakfast Program according to your application approval.

3d., e., f. - Enter the number of breakfasts served for each category for sites that are approved for the Severe Breakfast Program according to your application approval. If no sites were approved for Severe Need this section should be blank.

4a., b., c. - If you are approved to be reimbursed for supplements on your application approval, enter the number of supplements served by category.

5. Total Reimbursement will be automatically calculated.

5. To be completed only if you have an approved severe need breakfast program. Enter the allowable costs for operating the National School Lunch and School Breakfast Programs in your school or institution. Determine your costs in accordance with your Regional Office Financial Management Instructions.

Sign and date the claim. An unsigned claim cannot be processed and payment will not be made.

Please mail to: National Child Nutrition Payment Center
USDA, Food and Nutrition Service
Mercer Corporate Park
300 Corporate BLVD.
Robbinsville, NJ 08591-1598