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U.S. Department of Agriculture Food and Nutrition Service
Milk Claim Reimbursement

Amended:

Please read instructions on page 2 carefully before completing form

1. Name and Address of Sponsor				2. Agreement Number		<input type="text"/>		
Name 1	<input type="text"/>			3. Report Period	Month	<input type="text"/>	Year	<input type="text"/>
Addr1	<input type="text"/>							
Addr2	<input type="text"/>			4. Number of Operating Days this month				<input type="text"/>
City	<input type="text"/>			5. Claim Data				
State	<input type="text"/>	Zip	<input type="text"/>	a. Number of sites participating				<input type="text"/>
Contact	<input type="text"/>			b. Number of days milk served				<input type="text"/>
Tel	<input type="text"/>	Fax	<input type="text"/>	c. Enrollment				<input type="text"/>
E-Mail	<input type="text"/>			d. Average Daily Attendance				<input type="text"/>
Region #	<input type="text"/>			e. Number of Free Approved				<input type="text"/>

HALF - PINTS SERVED

6. Number of half pints served TO CHILDREN that were paid for by children in pricing program and/or served at no charge to children in non-pricing program

7. Number of half pints served free TO CHILDREN eligible for free milk in pricing program

HALF-PINTS PURCHASED

8. Total cost of ALL half-pints of milk purchased for the month (round to the nearest dollar)

9. Total number of ALL half-pints of milk purchased for the month

10. Average dairy cost (Item 8/Item 9) (Automatically calculated)

11. Total earning (Item 6*Paid Rate + Item 7*Item 9) (Automatically calculated)

I CERTIFY 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 THAT MAY RESULT FROM ERRONEOUS OR NEGLECTFUL REPORTING HEREIN

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains 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 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

Signature	<input type="text"/>
Title	<input type="text"/>
Preparation Date	<input type="text"/>

(electronic)

FNS USE ONLY

Date Received		Date Processed		Approval Serial Number	
Entry Date		Paylist Date		Paylist Number	

Notes:

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INSTRUCTIONS TO COMPLETE THE SPECIAL MILK CLAIM FOR REIMBURSEMENT

SPECIAL NOTE: AN ADJUSTED CLAIM completely voids all previous claims for the same month, therefore, you should included ALL of your reporting data for the entire month's operations

GENERAL:

The information for this claim should cover activities during the calendar month; however, you may include up to 10 operating days of the month before the first full month of operation and/or up to 10 operating days of the month after the last full month of operation. The only EXCEPTION would be between school years. Since the SCHOOL YEAR starts on July 1 of each year, the June claim should not include data for July of the following school year and the July claim should not include data for June of the previous school year. If the number of operating days exceeds 31, please contact your Regional office for assistance.

The amount of money you receive will be based on reimbursement rates in effect for the month being reported.

If you have any questions about completing the claim form, please contact your Regional office for assistance. An improperly completed form will delay processing of your reimbursement by electronic funds transfer (EFT).

SPECIFIC ITEMS

Check to be sure that all the information that automatically appears on the claim is correct. If the sponsor number or name and address are missing or incorrect, immediately contact your Regional office to get corrections made.

3. - Enter the month and year that this claim covers. For example, January 1999 would be entered as Month: 1 Year: 1999

4. - Enter the number of operating days in the month.

5.a. - Enter the number of sites that are approved to participate in the milk program.

5.b. - Enter the number of days that milk was served in the claim month.

5.c. - Enter the highest number of students enrolled in the institution for the month.

5.d. - Average daily attendance (ADA) can be determined as follows:
Total Daily Attendance for the Month / Days of Operation (reported in item 4)

5.e. - Enter the number of students approved for Free Milk

SPECIAL NOTE: Use the highest number of children eligible for any given day of the month

Items 6-11

6. Enter the number of half-pints of milk you served at no charge to children in a non-pricing program, or served to children not eligible for free milk in a pricing program during the month. DO NOT include half-pints of milk served to children eligible for free milk according to your FREE MILK policy statement.

7. Enter the number of half-pints of milk served at no charge to children eligible for free milk in a pricing program. DO NOT include milk served in a non-pricing program.

8. Enter the cost of ALL milk purchased for the claim month. This is the purchase price you paid to the milk supplier for ALL milk delivered to your school/institution. DO NOT include any amount paid to the milk supplier for servicing, rental, or installment payments of milk service equipment.

9. Enter the total number of ALL half-pints of milk purchased during the claim month.

10. DO NOT enter information, it will be automatically calculated.

11. DO NOT enter information, it will be automatically calculated.

Form FNS 806-B (07-2003) Previous Edition Obsolete

(electronic)