



OMB Approval No.: 0584-0530
Approval Expires:

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND
CERTIFICATION STUDY (APEC-II)

SFA REIMBURSEMENT CLAIM VERIFICATION FORM

FOR ALL SCHOOLS

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NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY (APEC-II)

SFA REIMBURSEMENT CONSOLIDATION AND CLAIM VERIFICATION FORM

FOR ALL SCHOOLS

SFA ID: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Date: |_|_|_|_| / |_|_|_|_| / |_|_|_|_|
MONTH DAY YEAR

Target Month From: |_|_|_|_| / |_|_|_|_| / |_|_|_|_| TO |_|_|_|_| / |_|_|_|_| / |_|_|_|_|
MONTH DAY YEAR MONTH DAY YEAR

IF CEO SCHOOL, ENTER REPORTED MEALS FOR FREE, PAID AND TOTAL ONLY.

IF NUMBER OF SCHOOLS REPORTED EXCEEDS TEN (10), USE ADDITIONAL FORMS TO RECORD INFORMATION.

PART A. MEAL CLAIMS FOR EACH SCHOOL FOR TARGET MONTH

Enter number of meals SFA claimed for each school.

Number of meals reported by the school to the SFA for School 1.	BREAKFASTS REPORTED	LUNCHES REPORTED
School 1 Name: _____ _____ _____ _____	Free: _ _ _ _ , _ _ _ _ Reduced: _ _ _ _ , _ _ _ _ Paid: _ _ _ _ , _ _ _ _ Total: _ _ _ _ , _ _ _ _	Free: _ _ _ _ , _ _ _ _ Reduced: _ _ _ _ , _ _ _ _ Paid: _ _ _ _ , _ _ _ _ Total: _ _ _ _ , _ _ _ _
Number of meals reported by the school to the SFA for School 2.	BREAKFASTS REPORTED	LUNCHES REPORTED
School 2 Name: _____ _____ _____ _____	Free: _ _ _ _ , _ _ _ _ Reduced: _ _ _ _ , _ _ _ _ Paid: _ _ _ _ , _ _ _ _ Total: _ _ _ _ , _ _ _ _	Free: _ _ _ _ , _ _ _ _ Reduced: _ _ _ _ , _ _ _ _ Paid: _ _ _ _ , _ _ _ _ Total: _ _ _ _ , _ _ _ _

SFA REIMBURSEMENT CLAIM VERIFICATION FORM—FOR ALL SCHOOLS *(continued)*

Number of meals reported by the school to the SFA for School 3.	BREAKFASTS REPORTED	LUNCHES REPORTED
School 3 Name: _____ _____ _____ _____	Free: _ _ _ _ , _ _ _ _ Reduced: _ _ _ _ , _ _ _ _ Paid: _ _ _ _ , _ _ _ _ Total: _ _ _ _ , _ _ _ _	Free: _ _ _ _ , _ _ _ _ Reduced: _ _ _ _ , _ _ _ _ Paid: _ _ _ _ , _ _ _ _ Total: _ _ _ _ , _ _ _ _
Number of meals reported by the school to the SFA for School 4.	BREAKFASTS REPORTED	LUNCHES REPORTED
School 4 Name: _____ _____ _____ _____	Free: _ _ _ _ , _ _ _ _ Reduced: _ _ _ _ , _ _ _ _ Paid: _ _ _ _ , _ _ _ _ Total: _ _ _ _ , _ _ _ _	Free: _ _ _ _ , _ _ _ _ Reduced: _ _ _ _ , _ _ _ _ Paid: _ _ _ _ , _ _ _ _ Total: _ _ _ _ , _ _ _ _
Number of meals reported by the school to the SFA for School 5.	BREAKFASTS REPORTED	LUNCHES REPORTED
School 5 Name: _____ _____ _____ _____	Free: _ _ _ _ , _ _ _ _ Reduced: _ _ _ _ , _ _ _ _ Paid: _ _ _ _ , _ _ _ _ Total: _ _ _ _ , _ _ _ _	Free: _ _ _ _ , _ _ _ _ Reduced: _ _ _ _ , _ _ _ _ Paid: _ _ _ _ , _ _ _ _ Total: _ _ _ _ , _ _ _ _
Number of meals reported by the school to the SFA for School 6.	BREAKFASTS REPORTED	LUNCHES REPORTED
School 6 Name: _____ _____ _____ _____	Free: _ _ _ _ , _ _ _ _ Reduced: _ _ _ _ , _ _ _ _ Paid: _ _ _ _ , _ _ _ _ Total: _ _ _ _ , _ _ _ _	Free: _ _ _ _ , _ _ _ _ Reduced: _ _ _ _ , _ _ _ _ Paid: _ _ _ _ , _ _ _ _ Total: _ _ _ _ , _ _ _ _

SFA REIMBURSEMENT CLAIM VERIFICATION FORM—FOR ALL SCHOOLS *(continued)*

Number of meals reported by the school to the SFA for School 7.	BREAKFASTS REPORTED	LUNCHES REPORTED
School 7 Name: _____ _____ _____ _____	Free: _ _ _ _ , _ _ _ _ Reduced: _ _ _ _ , _ _ _ _ Paid: _ _ _ _ , _ _ _ _ Total: _ _ _ _ , _ _ _ _	Free: _ _ _ _ , _ _ _ _ Reduced: _ _ _ _ , _ _ _ _ Paid: _ _ _ _ , _ _ _ _ Total: _ _ _ _ , _ _ _ _
Number of meals reported by the school to the SFA for School 8.	BREAKFASTS REPORTED	LUNCHES REPORTED
School 8 Name: _____ _____ _____ _____	Free: _ _ _ _ , _ _ _ _ Reduced: _ _ _ _ , _ _ _ _ Paid: _ _ _ _ , _ _ _ _ Total: _ _ _ _ , _ _ _ _	Free: _ _ _ _ , _ _ _ _ Reduced: _ _ _ _ , _ _ _ _ Paid: _ _ _ _ , _ _ _ _ Total: _ _ _ _ , _ _ _ _
Number of meals reported by the school to the SFA for School 9.	BREAKFASTS REPORTED	LUNCHES REPORTED
School 9 Name: _____ _____ _____ _____	Free: _ _ _ _ , _ _ _ _ Reduced: _ _ _ _ , _ _ _ _ Paid: _ _ _ _ , _ _ _ _ Total: _ _ _ _ , _ _ _ _	Free: _ _ _ _ , _ _ _ _ Reduced: _ _ _ _ , _ _ _ _ Paid: _ _ _ _ , _ _ _ _ Total: _ _ _ _ , _ _ _ _
Number of meals reported by the school to the SFA for School 10.	BREAKFASTS REPORTED	LUNCHES REPORTED
School 10 Name: _____ _____ _____ _____	Free: _ _ _ _ , _ _ _ _ Reduced: _ _ _ _ , _ _ _ _ Paid: _ _ _ _ , _ _ _ _ Total: _ _ _ _ , _ _ _ _	Free: _ _ _ _ , _ _ _ _ Reduced: _ _ _ _ , _ _ _ _ Paid: _ _ _ _ , _ _ _ _ Total: _ _ _ _ , _ _ _ _

SFA REIMBURSEMENT CLAIM VERIFICATION FORM—FOR ALL SCHOOLS *(continued)*

PART B. SFA Consolidated Meal Claim – For All Schools in Target Month

Enter number of meals SFA claimed for all schools.

BREAKFASTS		LUNCHES	
Free:	_ , _ _ _ _ _ _ _ _ _ _ _ _	Free:	_ , _ _ _ _ _ _ _ _ _ _ _ _
Reduced:	_ , _ _ _ _ _ _ _ _ _ _ _ _	Reduced:	_ , _ _ _ _ _ _ _ _ _ _ _ _
Paid:	_ , _ _ _ _ _ _ _ _ _ _ _ _	Paid:	_ , _ _ _ _ _ _ _ _ _ _ _ _
Total:	_ , _ _ _ _ _ _ _ _ _ _ _ _	Total:	_ , _ _ _ _ _ _ _ _ _ _ _ _