



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

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 0584-0530. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collected.

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: _ _ _ _ , _ _ _ _

