

U.S. Department of Agriculture Food and Nutrition Service

Milk Claim for Reimbursement

FORM APPROVED OMB # 0584-0284
 Expiration Date: XX/XX/00XX

Please read instructions on page 2 carefully before completing form.

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

Amended

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.	<input type="text"/>
7. Number of half-pints served free TO CHILDREN eligible for free milk in pricing program.	<input type="text"/>
8. Total cost of ALL half-pints of milk purchased and reported in item 9 (round to the nearest dollar)	<input type="text"/>
9. Total number of ALL half-pints of milk purchased	<input type="text"/>
10. Average dairy cost (Item 8 / Item 9)	<input type="text"/>
11. Total earning (Item 6 * Paid Rate + Item 7 * Item 10)(Automatically calculated)	<input type="text"/>

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	<input type="text"/>	Title	<input type="text"/>	Preparation Date	<input type="text"/>
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FNS USE ONLY					
Date Received	<input type="text"/>	Date Processed	<input type="text"/>	Approval Serial Number	<input type="text"/>
Entry Date	<input type="text"/>	Paylist Date	<input type="text"/>	Paylist Number	<input type="text"/>

"According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0284. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information."

Milk Claim for Reimbursement

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 include ALL of your reporting data for the entire month's operations.

GENERAL

The information for the 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 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.

The claim must be signed and the Date of Preparation must be completed for payment to be disbursed.
