



OMB Approval No.: 0584-0530  
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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)*

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

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

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