

J2. REIMBURSABLE MEAL SALE DATA REQUEST FORM (GROUP 2)

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OMB Control Number: 0584-XXXX  
Expiration Date: XX/XX/XXXX

### Request for Data on Reimbursable Meal Sales



School Name: \_\_\_\_\_

School Mathematica ID #     |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

Interviewer Mathematica ID # |\_\_|\_\_|\_\_|\_\_|\_\_|

1. WRITE THE SCHOOL NAME AND MATHEMATICA ID ON PAGE 2 OF THIS FORM.
2. GIVE THE SCHOOL NUTRITION MANAGER PAGE 2. THEN REVIEW THE INSTRUCTIONS FOR PROVIDING THE REQUESTED INFORMATION.
3. INDICATE THE STATUS OF THE REQUEST BELOW.

- Complete records were provided by the school .
- Partial records were provided by the school. *(Describe missing information, reason, and plans for follow up.)*

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- No records were provided by the school. *(Describe reason and plans for follow up.)*

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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-xxxx. The time required to complete this information collection is estimated to average 10 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. All information will be kept private under the Privacy Act to the extent allowed by law. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

