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 Nutrition & Meal Cost Study - II | | | | | |
| School Name: | | | | | | | |
| | athematica ID # | | | | | | |
| | | | | | | | |
| 1. | WRITE THE SCHOOL NAME AND MATHEMATICA ID ON F | 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.) | | | | | | |
| | | | | | | | |
| | No records were provided by the school. (Describe reason a | nd plans for follow up.) | | | | | |
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| collection xxxx. Th reviewin collection burden e Agricultu | g to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a per of information unless it displays a valid OMB control number. The valid OMB control number is the time required to complete this information collection is estimated to average 10 minutes per g instructions, searching existing data sources, gathering and maintaining the data needed, and of information. All information will be kept private under the Privacy Act to the extent allow stimate or any other aspect of this collection of information, including suggestions for reduci re, Food and Nutrition Service, Office of Policy Support, 3101 Park Center Drive, Room 101 xx). Do not return the completed form to this address. | er for this information collection is 0584- er response, including the time for and completing and reviewing the ed by law. Send comments regarding this ng this burden, to: U.S. Department of | | | | | |

Request for Data on Reimbursable Meal Sales

Please indicate whether each student listed below received a reimbursable lunch and breakfast on the target date. Only provide Certification Status (column D) if it is blank. You can provide a report from your point-of-sale system with this information, or fill in the blank columns.

School Name: _____

School Mathematica ID #

| A | В | С | D | E | F |
|-----------------------|---------------|-------------|---|--|--|
| Student Name | Student ID | Target Date | Certification Status (Free, reduced price, paid) | Reimbursable <u>lunch</u> taken on target date? (Y=Yes, N=No) | Reimbursable <u>breakfast</u> taken on target date? (Y=Yes, N=No) |
| Example: Joe Smith | 5555555 | 3/2/19 | Reduced price | Y | Y |
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