January 2012

Food and Nutrition Summer Food Service Program (SFSP) Claim for Reimbursement – Site Level

Those contracting entities that **do not** use the Texas Unified Nutrition Programs System (TX-UNPS), use this form to submit a SFSP Claim for Reimbursement – Site Level.

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Name of Contracting Entity (CE)				2.	CE ID		3. Month/Year Claimed	4.	Version	
5. C	5. Claim Preparer:									
Salutation First Name			Last Name			6.	Email Address			
7. Phone (include area code)		Extension	8. Fax (include area	code	э)	9.	Title			
			•							

Site Name:	Site ID:

Self-Prep and/or Vended-Rural Meals Served to Children

Report only meals meeting the requirement on the agreement. By completing the Camp Meals Served column, I certify that the Actual Eligible ADP for each Camp session is correct and accurate on the Site Application.

	First Meals Served	Second Meals Served	Camp Meals Served
1. Breakfast			
. AM Snack			
. Lunch			
. PM Snack			
. Supper			

Vended-Urban Meals Served to Children

Report only meals meeting the requirement on the agreement. By completing the Camp Meals Served column, I certify that the Actual Eligible ADP for each Camp session is correct and accurate on the Site Application.

	First Meals Served	Second Meals Served	Camp Meals Served
6. Breakfast			
7. AM Snack			
8. Lunch			
9. PM Snack			
10. Supper			

Gen	eral Information	
1.	Period covered by this claim: From : To:	
2.	Number of participating sites for claim period:	
	Number of Participating Sites	otal Number of Days Food Served
3.	Breakfast	
4.	AM Snack	
5.	Lunch	
6.	PM Snack	
7.	Supper	
CER	TIFICATION	
in a	rtify to the best of my knowledge, this claim is true and correct in all ccordance with the existing agreement and that payment has not be holding of information may result in prosecution under applicable state.	en received. I know that deliberate misrepresentation or
	Signature – Authorized Representative of Contracting Entity	Date
Name	e (please type or print)	Title