

### Claim for Reimbursement Worksheet – Meals

Contractor	Program No. <b>TX</b> —	Month and Year
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Date	Number Breakfasts		Number A.M. Snacks		Number Lunches		Number P.M. Snacks		Number Suppers		No. Evening Snacks		Number At Risk Afterschool Snack Total First Meals
	Total First Meals	Total Second Meals											
1													
2													
3													
4													
5													
6													
7													
8													
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26													
27													
28													
29													
30													
31													
<b>Totals</b>													

Transfer program participant meal information to the corresponding column for the appropriate program on the Form H1532, Claim for Reimbursement – Food and Nutrition Division.

