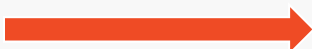


# CACFP Reimbursement Claim Due Dates

## Claim Month

## Submission Due Date

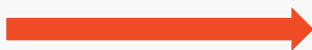
January



April 1<sup>st</sup>

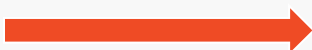
(Leap Year: Mar. 31<sup>st</sup>)

February



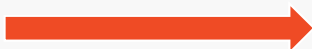
April 29<sup>th</sup>

March



May 30<sup>th</sup>

April



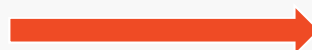
June 29<sup>th</sup>

May



July 30<sup>th</sup>

June



August 29<sup>th</sup>

July



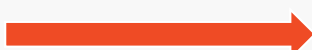
September 29<sup>th</sup>

August



October 30<sup>th</sup>

September



November 29<sup>th</sup>

October



December 30<sup>th</sup>

November



January 29<sup>th</sup>

December



March 1<sup>st</sup>

(Leap Year: Feb. 29<sup>th</sup>)



TEXAS DEPARTMENT OF AGRICULTURE  
**COMMISSIONER SID MILLER**

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Food and Nutrition Division  
Child and Adult Care Food Program

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