

Kentucky Department of Education - Division of School and Community Nutrition

CACFP REPORT AND CLAIM FOR REIMBURSEMENT

Original claims are to be submitted by the 15th of each month. Corrections are to be submitted by the 30th of each month. (702 KAR 6:110)

CPT, 500 Mero Street
Frankfort, KY 40601

Phone: (502) 564-5625
Claims Fax: (502) 564-8919

CNIPS ID: _____ Sponsor Name: _____ DBA (Optional): _____ Physical Address: _____ Phone Number: _____	Claim Month/Year: _____ Site Name: _____ Site Address 1: _____ Site Address 2: _____
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Attendance Reporting *Information taken from site Form 17-9*

Total Days of Operation:
 Total Attendance:

Number of Enrolled Participants in Each Reimbursement Category *Information taken from site Master Roster*

Free Category:	<input style="width: 100px; height: 20px;" type="text"/>	Total enrolled should equal free + paid + reduced
Reduced Category:	<input style="width: 100px; height: 20px;" type="text"/>	
Paid Category:	<input style="width: 100px; height: 20px;" type="text"/>	
Total Enrolled:	<input style="width: 100px; height: 20px;" type="text"/>	

Child Meals/Snacks Served *Information taken from site Form 17-9*

Breakfast:	<input style="width: 100px; height: 20px;" type="text"/>
AM Snack:	<input style="width: 100px; height: 20px;" type="text"/>
Lunch:	<input style="width: 100px; height: 20px;" type="text"/>
PM Snack:	<input style="width: 100px; height: 20px;" type="text"/>
Supper:	<input style="width: 100px; height: 20px;" type="text"/>
Evening Snack:	<input style="width: 100px; height: 20px;" type="text"/>

At Risk Centers Only

Snack:
 Supper:

Checklist

1. Have you verified your data entry for accuracy?
2. If faxing, have you signed and dated the form?

I certify that the information on this voucher is true and correct to the best of my knowledge, that records are available to support this voucher; that it is in accordance with the terms of existing agreement and that payment therefore has not been received. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

ORIGINAL Signature of Sponsor Representative	Title	Date