CAPNEMO- USDA/CACFP Food and Nutrition Program

Fax: 660-956-0299 Phone: (660) 223-0466

Report of meals served for the Month of _____

I certify that the records submitted in support of my claim under the Child Care Food Program are accurate. I understand the information is being given for the receipt of Federal funds and deliberate misrepresentation of the information may subject me to prosecution under applicable State & Federal laws.

Signature: _____ **Childcare Address: _____**

Printed Name_____ **Date: _____** **Phone#: _____**

	Breakfast	Lunch	PM Snack		Total # of Children	*For Office Use Only*		*List all children claimed during the month PRINT first & Last name alphabetically*
1							1	
2							2	
3							3	
4							4	
5							5	
6							6	
7							7	
8							8	
9							9	
10							10	
11							11	
12							12	
13							13	
14							14	
15							15	
16							16	
17							17	
18							18	
19							19	
20							20	
21							21	
22							22	
23							23	
24							24	
25							25	
26							26	
27							27	
28							28	
29								Related Children Provider is Claiming
30							1	
31							2	
							3	
Totals								

DO NOT WRITE BELOW -FOR OFFICE USE ONLY

B# _____x_1.70__=_____ L# _____x 3.22__=_____ S# _____x_0.96 __=_____

TOTAL $_____ Tiering _____ # of Days _____ Approved By _____