

Claim for Reimbursement Worksheet

NS-401-G

Revised April 2009

Center:	Agreement Number:	Month, Year:
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Date	NUMBER OF MEALS SERVED																		ATTENDANCE*		
	Breakfast			AM Snack			Lunch			PM Snack			Supper			EV Snack					
	F	R	P	F	R	P	F	R	P	F	R	P	F	R	P	F	R	P	How many participants were served?		
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
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27																					
28																					
29																					
30																					
31																					
TOTAL																					
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R		S	

* **Daily Attendance** is the total number of different participants who were served at least one meal during the day. Column S is the number of participants present during the day, not a total of the number of meals served.

Calculating Average Daily Attendance (ADA)

$$\frac{\text{Total in column S}}{\text{Days served}} = \text{ADA}$$

Round ADA up to the next highest number.

Before submitting your claim, review these Edit Checks

1. Is the center approved to claim the meals noted above?
2. The total meal count for any meal may not exceed the total attendance for the month.
3. The same number of meals claimed for one or more meal types is not identical for 15 consecutive days in the month; this is block claiming. If the number of meals claimed for one or more meal types is identical for 15 consecutive days, follow-up by the center sponsor is required. Follow-up must be documented for each center.