



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Food, Nutrition and Wellness

**SUMMER NUTRITION PROGRAMS
CLAIM FOR REIMBURSEMENT**

5P-3.004, F.A.C.

1. Sponsor Name: _____ 2. Site Name: _____
3. Sponsor Number: _____ 4. Site Number: _____
5. Month and Year Covered by this Claim: _____ 6. Number of Operating Days this Month: _____
7. Average Daily Attendance: _____

8. Meals Served	Second Meals Served, if applicable
Number of Breakfasts _____	Number of Breakfasts _____
Number of Lunches _____	Number of Lunches _____
Number of Suppers _____	Number of Suppers _____
Number of Morning Snacks _____	Number of Morning Snacks _____
Number of Afternoon Snacks _____	Number of Afternoon Snacks _____

I certify that the information submitted on this form is true and correct.

Signature _____ Title _____ Date _____