

### Monthly Attendance and Meal Count

Child's Name	Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Office Use Only	
Meal																																		Total
Meal																																		Total
Meal																																		Total
Meal																																		Total
Meal																																		Total

I certify that all claim information is true and correct. 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.

This form is due at the Child Nutrition Services Office by the 5th of the following month.

\_\_\_\_\_  
 Child Care Provider's Signature  
Please send original to CNS. Retain copy for your records.

\_\_\_\_\_  
 Total Reimbursement