



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Reimbursement Claim - School Nutrition Programs

1. Name of agency to whom check should be issued		Phone number	
2. Street address or P.O. Box		City	State Zip
3. Federal ID number	4. Agreement number		5. Reporting month and year
6. Total student enrollment	7. Number of eligible schools		8. Is this an amended claim? Yes <input type="checkbox"/> No <input type="checkbox"/>
State Office use only	PA number	Invoice date	Invoice number

National School Lunch Program

1. Number of participating schools	
2. Total operating days in reporting month	
3. Total number of eligible children	
4. Number of children eligible for free lunches	
5. Number of free lunches served	
6. Number of children eligible for reduced price lunches	
7. Number of reduced price lunches served	
8. Number of children eligible for paid lunches	
9. Number of paid lunches served	

School Breakfast Program

1. Number of participating schools	
2. Total operating days in reporting month	
3. Total number of eligible children	
4. Number of children eligible for free breakfasts	
5. Number of free breakfasts served	
6. Number of children eligible for reduced price breakfasts	
7. Number of reduced price breakfasts served	
8. Number of children eligible for paid breakfasts	
9. Number of paid breakfasts served	

After School Snack Program

1. Number of participating schools	
2. Total operating days in reporting month	
3. Total number of eligible children	
4. Number of children eligible for free snacks	

After School Snack Program continued

5. Number of free snacks served	
6. Number of children eligible for reduced price snacks	
7. Number of reduced price snacks served	
8. Number of children eligible for paid snacks	
9. Number of paid snacks served	

Special Milk Program

1. Number of participating schools	
2. Total operating days in reporting month	
3. Total number of eligible children	
4. Number of half-pints of milk served to eligible children in: Non-Pricing <input type="checkbox"/> Pricing without free option <input type="checkbox"/> Pricing with free option <input type="checkbox"/>	
5. Number of children eligible for free in Pricing with free option	
6. Number of half-pints of milk served free in Pricing with free option	
7. Total number of half-pints of milk purchased	
8. Total cost of all half-pints of milk purchased	

I am authorized to certify this claim on behalf of the Contractor. In that capacity I certify to the best of my knowledge and belief this claim is true and correct in all respects, that records are available to support this claim, that it is in accordance with the terms of existing agreements, and that payment thereof has not been received. The Contractor recognizes that it will be fully responsible for any excess amounts resulting from erroneous or neglectful reporting. In the event that OKDHS enters this claim into its electronic payment system based upon inaccurate information provided herein on behalf of the Contractor, the Contractor agrees to and will repay the amount of the overpayment immediately upon written notice to it from OKDHS and holds harmless OKDHS, its officers, agents, and employees from any loss, liability, claim, injury, or damage.

Signature of authorized representative	Date
Approval:	
Signature of OKDHS representative	Date
State Office use only: Reimbursement	

Invoice number: _____	Original invoice number: _____
National School Lunch Total:	\$ _____
Section 4 (8200): \$ _____	Section 11 (8201) \$ _____
School Breakfast Program Total (8202):	\$ _____
Non-severe need: \$ _____	Severe need: \$ _____
After School Snacks Total (8201):	\$ _____
Area eligible \$ _____	
Special Milk Program Total (8203):	\$ _____
Total invoice amount:	\$ _____
Adjustments from an amended invoice:	\$ _____
Total amount payable:	\$ _____

Submit claims to this office by the 10th day of the month following the month covered by the claim. Only the authorized representative or the school food authority (SFA) official listed on the school agreement has authority to sign the claim, and original signature is required. Information on the claim covers activities during one calendar month. To receive reimbursement, claims must be postmarked no later than 60 days after the reporting month; exceptions must comply with federal regulations. To receive claim reimbursement, claims must meet the requirements of existing regulations in Title 7 of the Code of Federal Regulations (CFR) Parts 210, 215, 220, and 245.

Submit original claim form to:

Oklahoma Department of Human Services
CDU-School Nutrition Program
P.O. Box 25352
Oklahoma City, OK 73125-0352