

Return to:  
 Nebraska Department of Education  
 Financial Services  
 P.O. Box 94987  
 Lincoln, Nebraska 68509-4987  
 Fax Number: (402) 471-2486 or (402) 471-4407



NDE-28-034  
 (Revised 1/00)  
 Date Due: 10<sup>th</sup> Day of the Month Following  
 the Month Being Reported

Date Received by NDE	
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## Reimbursement Claim: Summer Food Program

Sponsor Information			
Sponsor's Name	Agreement Number	Month/Year Claimed	Submission Type
			Original <input type="checkbox"/> Revised <input type="checkbox"/>

Number of Operating Days this Claim Period	Number of Sites this Claim Period
Number of Eligible Free & Reduced (Camps Only)	Average Daily Attendance

Meals Served to:	Breakfasts	Lunches	Suppers	Snacks	Totals
Eligible Children (1 <sup>st</sup> meal)					
Eligible Children (2 <sup>nd</sup> meal)					
Non Reimbursable Camp meals					
Program Adult meals					
Non Program Adult meals					

Operating Costs		Administrative Costs	
Food		Administrator	
Contracted Food Costs		Monitor	
Food Service Labor		Secretary/Bookkeeper	
Rent/Utilities		Printing/Mailing/Phone	
Transportation of Food		Office Supplies	
Non Food Supplies		Transportation	
Equipment Rental		Indirect Costs	
		Audit	
<b>Total</b>		<b>Total</b>	

Program Operating Income	Program Administrative Income

I CERTIFY that 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 Agreement(s), and that payment therefore has not been received. I recognize that I will be fully responsible for any excess amounts, which may result from erroneous or neglectful reporting herein. I also 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. I further certify that all claims for reimbursement shall be submitted to the State Agency no later than legislatively mandated deadline of 60 days after the end of the claim period. I understand that failure to submit claims within the 60-day deadline may result in claims not being paid. I further certify that we have operated all sites for which we have been approved and that there has been no significant change in projected administrative costs since submission of application, receipt of advance payment, or previous claim.

\_\_\_\_\_  
 Date of Preparation

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature of Authorized Representative

Original – Nebraska Department of Education

Copy – Keep for your records

## INSTRUCTIONS

**If you are submitting the claim via the WEB, you do not need to send a claim form to the Department of Education. However, you must retain the original on file with the Authorized Representatives signature.** This information should cover activities during one calendar month; however, you may include no more than nine operating days of the month before the first full month of operation and/or no more than nine days of the month after the last full month of operation.

Enter the sponsor name, agreement number, month/year claimed and whether this is an original or a revised claim.

Enter number of operating days this claim period.

**FOR CAMPS ONLY,** Enter the monthly average eligible free and reduced children. (Add weekly eligible free and reduced and divide by the number of weeks served in the month. EX:  $(54 + 75 + 35 + 66) / 4 = 58$ )).

Enter the number of sites for this claim period.

Enter the average daily attendance. Compute by adding the total number of eligible children served each day by all sites to get a cumulative total number of eligible children served for the claim period, and dividing by the number of days of operation for the same claim period.

Enter the total number of reimbursable breakfasts for eligible children (1<sup>st</sup> meal).

Enter the total number of reimbursable breakfasts for eligible children (2<sup>nd</sup> meal).

Enter the total number of reimbursable lunches for eligible children (1<sup>st</sup> meal).

Enter the total number of reimbursable lunches for eligible children (2<sup>nd</sup> meal).

Enter the total number of reimbursable suppers for eligible children (1<sup>st</sup> meal).

Enter the total number of reimbursable suppers for eligible children (2<sup>nd</sup> meal).

Enter the total number of reimbursable snacks for eligible children (1<sup>st</sup> meal).

Enter the total number of reimbursable snacks for eligible children (2<sup>nd</sup> meal).

Enter the total number of non-reimbursable camp meals.

Enter the total number of program adult meals.

Enter the total number of non-program adult meals.

Enter all food costs including milk. Such costs shall include, in addition to the purchase price, the cost of processing, distributing, transporting, storing, or handling of any purchased or donated food including USDA donated commodities. (DO NOT INCLUDE the value of donated food.)

For vended sites enter the total invoices of the meals under Contracted Food Costs.

Enter the Direct Labor costs. That includes all wages earned in connection with the food preparation, delivery and service. Include costs incurred during the monthly covering payroll deduction for social security, withholding tax, insurance, retirement, etc., as well as employer's contributions during the month for employee benefits. (DO NOT INCLUDE ADMINISTRATIVE COSTS.)

Enter operating costs for rent/utilities, non-food supplies (cleaning materials, paper plates, plastic eating utensils, etc.) and Equipment Rental costs in the appropriate box.

Enter the total operating costs.

Enter the administrative costs related to planning, organizing and managing the program, printing, mailing, phone costs, cost of office supplies, transportation, indirect costs and any costs for audits.

Enter each of the line item administrative costs in the appropriate box.

Enter total amount of funds received for food service operations from individual donations. **Include** state and local contributions, payments for adult meals, and reimbursement from other Federal programs. (DO NOT INCLUDE "start-up funds", "advance payments", and "monthly reimbursement payments" from this USDA program, or loans to the program.)

Enter total amount of funds received for food service administration from individual donations, state and local contributions. **DO NOT INCLUDE** "start-up funds", "advance payments", and "monthly reimbursement payments" from this USDA program, or loans to the program.)