

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-28-036  
(Revised 07/07)  
Date Due: 5<sup>th</sup> day of the month following  
the Month Being Reported

Date Received by NDE	
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Monthly Claim Form for Reimbursement

National School Lunch, School Breakfast, Special Milk Programs

Sponsor Information			
System Name	System Number	Month/Year Claimed	Submission Type
			Original <input type="checkbox"/> Revised <input type="checkbox"/>
Town			

	Lunch	Breakfast		After School Care Snack		Special Milk
		Regular	Severe Need	<50%	>=50%	
Meals Served to Children						
Paid						
Free						
Reduced						
Totals						
Eligible Children						
Paid						
Free						
Reduced						
Total Eligible						
Program Information						
Sites Claiming						
Days Meals Served						
Average Daily Attendance						

Special Milk		
Cost Per Half-Pints	If you are claiming free milk you must complete this area.	

I certify that to the best of my knowledge and belief, this claim is true and correct in all respects, records are available to support the claim, the claim is in accordance with existing agreement and payment therefore has not been received. I further certify and assume full responsibility that the meal counts have been reviewed and analyzed in accordance with **7CFR 210.8**.

Date of Preparation	Title	Signature of Authorized Representative
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Mandatory

Original – Nebraska Department of Education

Canary Copy – Retain 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. If you are submitting the claim via the **WEB**, you have until the 10<sup>th</sup> day of the month to submit the claim.

Claims not submitted via the **WEB**, are due the 5<sup>th</sup> day of the month following the reporting month and must be submitted by the calendar month, not the school month. No month's meal counts can be combined with another month's counts regardless of the number of days served.

### Sponsor Information

Complete the System Name, the correct 6-digit system number (county-district number), the Month and Year of the claiming month. Check the type of submission of claim, either original claim or revised claim. Report the town.

### Meals Served to Children

Report the number of meals served to children by meal type (Lunch, Breakfast, Snacks, and Special Milk) and eligibility type (Paid, Free, and Reduced). Also report the total number of lunches, regular breakfasts, severe need breakfasts, after school snacks and special milk served to children.

### Eligible Children

Report the number of children approved for paid, free, and reduced price meals by meal type. Also, report the total number of children eligible for lunch, regular breakfast, severe need breakfast, after school care snacks, and special milk.

### Program Information

Report the average daily attendance in schools where each meal type (lunch, regular breakfast, severe need breakfast, after school care snacks and special milk) is served.

**Special Milk Average Daily Attendance:** For "Milk Program Only" schools, and schools with "Split-Session Kindergarten" Milk Programs, report the Average Daily Attendance of those children who have the special milk program available to them. "Milk Program Only" schools, are school with a special milk program, but no lunch or breakfast programs. "Split-Session Kindergarten" Milk programs are half-day kindergartners who do not have access to a lunch program.

Report the actual number of days of service by meal type for the month being reported. If you have more than one school that served different numbers of days, report the average of all days. Round to the nearest whole number, i.e. 178.6 equals 179; and 172.2 equals 172.

Report the number of sites in which you actually served each meal type. (Number of sites must be equal to or less than the number approved on web-based Program Application NDE 01-014)

### Special Milk Computation

If you are claiming free milk you must report the cost of milk per 1/2 pint. This is calculated by dividing the total cost of milk purchased by the total number of 1/2 pints purchased. This is your reimbursement rate for free milk. If you do not offer free milk, you do not need to calculate and report.

State reimbursement will be calculated by the Department's Financial Services Section.

**The claim must be signed by the authorized representative. If you are submitting the claim via the WEB you have until the 10<sup>th</sup> day of the month to enter the claim information into the WEB site and you do not need to send a paper claim to the Department of Education.**

**If you do not submit you claim via the WEB you must mail or fax the claim on or before the 5th day of the month following the month being reported. The claim must be signed and dated by the Authorized Representative.**