



Wisconsin Department of Public Instruction  
**CHILD AND ADULT CARE FOOD PROGRAM**  
**REIMBURSEMENT CLAIM**  
**(ADULT CARE COMPONENT)**  
 PI-1489-A (Rev. 06-11)

**INSTRUCTIONS:** Submit original claim to DPI; keep a copy for your files. Submit no later than the 15<sup>th</sup> of the month following the month covered by the claim to:

**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION**  
**FEDERAL AIDS AND AUDIT SECTION**  
**P.O. BOX 7841**  
**MADISON, WI 53707-7841**

Agreement No.	Month	Year	Claims submitted more than 60 days after the end of the claiming month cannot be paid unless a special exemption is granted by the USDA.
Sponsoring Agency		Address <i>Street, City, State, ZIP</i>	

Sponsoring Agency		Address <i>Street, City, State, ZIP</i>	Telephone <i>Area/No.</i>
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I. CHILD AND ADULT CARE FOOD PROGRAM ENROLLMENT DATA			
1. Non-needy Category	2. Reduced Category	3. Free Category	4. Total Enrollment

II. PARTICIPATION DATA			
	Nonprofit Centers	For Profit Title XIX Centers	For Profit Title XX Centers
5. Number of Sites*			
6. Number of Days of Service			
7. Average Daily Attendance			

	Breakfasts	AM Snacks	Lunches**	PM Snacks	Suppers**	Additional Snack	Total
8. No. of Meals Served to Eligible Adult Participants							0

DPI Use Only		III. CERTIFICATION	
Meal Reimbursement _____		<b>I CERTIFY</b> , to the best of my knowledge, both sides of this claim are 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(s); and that payment, therefore, has not been received.	
Commodity _____			
<b>TOTAL</b> > _____		Signature of Authorized Representative	Title
Voucher Number	Date of Check		Date

\* If two or more sites are operated, complete page 2.  
 \*\* Cash in lieu of commodities will be paid on these meals

