



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

**INSTRUCTIONS:** Submit original claim to DPI; keep a copy for your files. Submit **no later** than the **15th** 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**

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.

Agreement No.	Month	Year
Sponsoring Agency		Address Street, City, State, ZIP
		Telephone Area/No.

**I. CHILD AND ADULT CARE FOOD PROGRAM ENROLLMENT DATA**

1. Non-needy Category	2. Reduced Category	3. Free Category	4. Total Enrollment
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**II. PARTICIPATION DATA**

	Nonprofit or Public Centers	For Profit	Outside School Hours Centers	Head Start 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 Children							0

*DPI Use Only*

Meal Reimbursement \_\_\_\_\_  
 Commodity \_\_\_\_\_  
**TOTAL** > \_\_\_\_\_

**III. CERTIFICATION**

**I CERTIFY**, 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.

Voucher Number	Date of Check	Signature of Authorized Representative	Title	Date
		>		

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

Collection of this information is a requirement of PL 95-627.

