



Wisconsin Department of Public Instruction
SUMMER FOOD SERVICE PROGRAM PARENT REIMBURSEMENT CLAIM
 s. 225.12, Wisconsin Statutes
 PI-1494 (Rev. 01-13)

INSTRUCTIONS: Complete two copies. Retain one copy for your files. Submit original by the 10th day 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**

FAX: 608-267-9207

Questions regarding this data collection can be directed to Amy Kolano at (608) 266-7124.

I. GENERAL INFORMATION							II. CERTIFICATION		
Agency Code	Name of Sponsoring Agency			Telephone Area/No.			I CERTIFY THAT , to the best of my knowledge, 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 therefore has not been received. I understand that the information on this claim 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.		
Is this the Final Claim? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check month(s) of claim: Number of days of service in each month for this claim:	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> Aug.	<input type="checkbox"/> Sept.			

III. PARTICIPATION BY TYPE OF SITE (non-camps only)											
Type of Site	1. Number of Sites	2. Days of Service	3. ADA	Number of Meals Served to Eligible Children							
				4. Breakfasts		5. Lunches		6. Suppers		7. Supplements	
				1 st Meals	2 nd Meals	1 st Meals	2 nd Meals	1 st Meals	2 nd Meals	1 st Meals	2 nd Meals
1. NYSP											
2. All Other (non-camps)											

—Use reverse to report participation for camp site(s)—

