



Wisconsin Department of Public Instruction
CLAIM WORKSHEET FOR SMP (Special Milk Program)
 PI-1405 (New 01-21)

Prevailing legislation requiring collection of this data: 7 CFR, Part 210, Part 215, and Part 220.

Claims submitted more than 60 days after the end of the claiming month cannot be paid unless a onetime exception (PI-1410) is granted by the USDA.

INSTRUCTIONS: Use this form as a worksheet and submit the claim information via the internet within 60 calendar days from the last day of the claim month. Only submit this completed paper claim form if it is older than 60 calendar days from the last day of the claim month. Keep a copy of this completed form for your files. If submitting a paper claim form, send to:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
ATTN: JACQUE JORDEE
FEDERAL AND STATE GRANTS PROGRAM
PO BOX 7841
MADISON, WI 53707-7841
jacqueline.jordee@dpi.wi.gov

Agency Code	Claiming Month and Year <i>mm/yyyy</i>
-------------	--

I. GENERAL INFORMATION

Name of Agency		Telephone Area/No.
Agency Mailing Address Street, City, State, Zip		Email Address of Preparer
Name of Preparer		Telephone of Preparer <i>if different from above.</i>

II. PARTICIPATION DATA
Submit Monthly

	SMP	
Sites/Schools		This is the average dairy cost, not what your agency charges per ½ pint.
Days Operating		
Cost per ½ Pint		
Free Milk		
Paid Milk		

III. CERTIFICATION

I HEREBY CERTIFY to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreements, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program.

Signature of Authorized Representative ➤	Date Signed <i>Mo./Day/Yr.</i>
---	--------------------------------