

Claim for Reimbursement Worksheet – Meals

07-2009

PURPOSE

To compile for each facility the number of program and non-program meals, by type, served during the month of the claim. Also, to compile allowable program operating costs and allowable administrative costs accrued during the month of the claim.

PROCEDURE

When to Prepare

Complete Form H4502 on a daily basis by recording meals claimed and allowable costs accrued during the claim month. This is an optional form.

Number of Copies

Complete one original for each claim month.

Transmittal

Keep the completed form in your files.

How to Obtain Copies

Make additional copies as needed or download Form H4502 from the website at www.snptexas.org.

Form Retention

Keep Form H4502 for three years from the end of the program year.

Exception: If audit findings, claims or litigation have not been resolved by the end of the retention period, all forms and records must be retained until all issues are resolved.

DETAILED INSTRUCTIONS

Contractor — Enter the name of the contracting organization.

Contractor Program No. — Enter the seven-digit program number (TX #) as it appears on the contract application.

Month and Year — Enter the month and year for which the claim is made.

Enter information for child care centers in Columns 9 and 11 marked "Centers" on Form H1532. Enter information for At Risk Afterschool Snack program in Column 9 marked "Centers" on Form H1532. Enter information for Emergency Shelters in Column 10 marked "Shelters" on Form H1532, Claim for Reimbursement (Food and Nutrition Division).

Number of Meals — Enter for children and for adults the number of program and participant first meals by type (breakfast, A.M. snack, lunch, P.M. snack, supper, and evening snack and At Risk Afterschool Snack) that are claimed each day.

Second Meals — For each day on which reimbursements are claimed for second meals, enter the meal types claimed and the number of second meals claimed for each appropriate meal service. **Note:** Do not claim second meals in At Risk Afterschool Snack programs and Emergency Shelters.

Total — Total the program participant meals, by type, being claimed and transfer to the corresponding column on Form H1532.

Date — Enter the date on which payment was made for goods and/or services necessary for the operation of the program.

Name of Payee — Enter the name of the individual or entity to whom payment was made.

Check No. or Cash Receipt — Enter the number of the check by which the payment was made, or the number of the cash receipt.

Administrative Costs — Record allowable program administrative costs as accrued. You must report only those costs that are attributable to the CACFP.

Labor and Fringe Benefits — Enter the amount accrued for labor and fringe benefits associated with the administration of the program.

Travel — Enter the amount accrued for travel costs associated with the administration of the program.

Other — Enter the amount accrued for administrative costs other than labor and fringe benefits, and travel costs.

Total Administrative Costs — Add the amount accrued for each category of administrative costs (labor and fringe benefits, travel, and other) to determine the sum for that category.

Add the sum for each of the categories to determine the total amount for administrative costs for the month of the claim.

Program Operating Costs — Record allowable program operating costs as accrued. You must report only those costs that are attributable to the CACFP.

Labor and Fringe — Enter the amount accrued for labor and fringe benefits associated with the direct operation of the program.

Food Purchases — Enter the amount accrued for food items.

Non-Food Purchases — Enter the amount accrued for non-food items other than labor and fringe benefits.

Other — Enter the amount accrued for program operating costs other than labor and fringe benefits, food purchases, and non-food purchases.

Total Program Operating Costs — Add the amount accrued for each category of program operating cost (labor and fringe benefits, food purchases, non-food purchases, and other) to determine the sum for that category.

Add the sum for each of the categories to determine the total amount accrued for program operating costs for the month of the claim.

Total Credits — Record credits to the program as accrued.

Claim for Reimbursement Worksheet – Meals

Form H4502
April 2007

Contractor	Program No. TX —	Month and Year
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Date	Number Breakfasts		Number A.M. Snacks		Number Lunches		Number P.M. Snacks		Number Suppers		No. Evening Snacks		Number At Risk Afterschool Snack Total First Meals
	Total First Meals	Total Second Meals	Total First Meals	Total Second Meals	Total First Meals	Total Second Meals	Total First Meals	Total Second Meals	Total First Meals	Total Second Meals	Total First Meals	Total Second Meals	
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Totals													

Transfer program participant meal information to the corresponding column for the appropriate program on the Form H1532, Claim for Reimbursement – Food and Nutrition Division.

