Daily Meal Count and Attendance Record (Centers and Emergency Shelters)

(Centers and Emergency Sneiters)														
Name of Contracting Organization	Ν	lame of Facility				Program No. (TX	No.)	Mo	onth and Year					
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Centers: You may claim up to two meals and one snack or one meal and two snacks. Emergency Shelters: You may claim up to three meals or two meals and one snack.														
	Day	Date	Day	Date	Day	Date	Day	Date	Day	Date				
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Participant's Name Age							1																								\perp	<u> </u>			+			_		
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Total Number of	L																																							
Program Participants	Р																																							
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Total Number of Program	Staff Meals																																							
Total Number of Non-Pro																																								

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution under applicable state or federal statutes.

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Signature—Center/Emergency Shelter Penresentative	Dato	<u> </u>		