

INSTRUCTIONS: To be completed when discrepancies on menu or invoice are reported.

Provider _____ Vendor # _____

Child Care Food Program Representative _____ Month of Claim _____

All required components are to be served for each meal. The following dates indicate that menus were incomplete:

Breakfast: _____

Lunch/Supper: _____

Snack: _____

The following noncreditable foods were served:

Food	Date	Food	Date	Food	Date	Food	Date
_____	_____	_____	_____	_____	_____	_____	_____

Two **different** food groups are to be offered for snack.

Missing on these dates _____

When serving a combination dish (i.e., chili, homemade soups, etc.) list the main ingredients.

Missing on these dates _____

Cookies may only be served 2 times a week for snack (granola bars = cookie).

Overclaimed Dates _____

No more than 2 meals and 1 snack or 2 snacks and 1 meal may be claimed per day for each child.

Overclaimed Dates _____

A note must be attached to your invoice when claiming meals on a holiday.

Meals were disallowed on the following dates: _____

A meal or snack was claimed when a child was not in your care. Date _____

All children claimed on your invoice must be formally enrolled in your day care **and in** the Child Care Food Program.

Overclaimed Meals for _____

The Infant Meal Pattern changes for each age group. Each component must be recorded for infant meals.

Problem _____

Meals for your own children can only be claimed when other day care children are in attendance.

Overclaimed Dates _____

Overclaimed Meals _____

A menu must be supplied for each meal and snack claimed on your invoice.

Missing on these dates: _____

Please complete all information on your invoices and menus: child's full name ages hours and days of care

vendor # _____ mark attendance daily (A = Absent, P = Present **Do not use** ✓)

More children were claimed than your license permits. Your license is for _____ number of children.

Overclaimed Dates _____

Overclaimed Meals _____

Send 2 copies of Invoice. One must be the original. Late invoice. Received on ____/____/____

Comments:

SUMMARY

Because of the errors checked above, these meals were deducted: _____ Breakfasts _____ Lunches _____ Suppers _____ Snacks