

Provider \_\_\_\_\_ Vendor # \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Children Claimed: Day Care \_\_\_\_\_ Own \_\_\_\_\_

<p><b>Monthly Invoice</b>                  Child and Adult Care Food Program                  Division of Food and Nutrition Services                  MONTGOMERY COUNTY PUBLIC SCHOOLS                  8401 Turkey Thicket Drive                  Gaithersburg, Maryland 20879</p>
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I CERTIFY that the information submitted is accurate in all respects, and that I understand this information is given in connection with the receipt of federal funds, and that deliberate misrepresentation may result in state or federal prosecution.

Signature, Provider \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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Child's Name	Meals	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Meals	Total	B	AM	L	PM	S						
	B																																B												
	AM																																	AM											
Hours and Days of Care	L																																	L											
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Age	Attendance																																												
Child's Name	Meals	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Meals	Total	B	AM	L	PM	S						
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B	AM	L	PM	S				
GRAND TOTALS					←	TO BE FILLED OUT BY MCPS	→	TOTALS