

Claim Reimbursement

Demo Daycare Center
118 S. Main Street
Phoenix, OR 97535

Date Range: 12 - 01 - 2003 through 12 - 31 - 2003

- (1) Average daily attendance _____
 (2) Number of days operating _____
 (3) Number of facilities _____

Adult Meals	Program Meals	Non Program		Per Meal Cost	Total
(a) Breakfast	0	0	X	=	=
(b) Snacks	0	0	X	=	=
(c) Lunch - Suppers	0	0	X	=	=

Title XX Data

Total enrollment 23
 Number Title XX _____
 Percent Title XX _____

(A.) Breakfasts

Free	370	X	\$ 1.20	=	\$ 444.00
Reduced	131	X	\$ 0.90	=	\$ 117.90
Paid	43	X	\$ 0.22	=	\$ 9.46

(B.) Snacks or Supplements

Free	374	X	\$ 0.60	=	\$ 224.40
Reduced	132	X	\$ 0.30	=	\$ 39.60
Paid	44	X	\$ 0.05	=	\$ 2.20

(C.) Lunch and Suppers

Free	371	X	\$ 2.19	=	\$ 812.49
Reduced	132	X	\$ 1.79	=	\$ 236.28
Paid	44	X	\$ 0.21	=	\$ 9.24

SUB TOTAL: **\$ 1,895.57**

CASH-IN-LIEU OF COMMODITIES:

_____ X _____ = _____

TOTAL DUE:

_____ = _____

Operating Costs For Food Services

(a) Food and Milk _____
 (b) CACFP food -related supplies _____
 (c) Food service labor _____
 (d) Administrative labor _____
 (e) Administrative costs _____
 (f) Other costs _____

Cash Income To Program

(a) Total cost of non claimable meals _____
 (b) Total _____
 (c) Food and Milk _____
 (d) Food and Milk _____