



SPECIAL MILK REIMBURSEMENT CLAIM FORM

INSTRUCTIONS: Child-care institutions, camps, and schools not in the National School Lunch Program are to use this form to request reimbursement from the Special Milk Program. Mail each claim by the 10th of the month following the month covered by the claim. Submit the original Claim Form to the OGS-DFD&W at the address below. Retain one copy in the file of the sponsor.

All original receipts, invoices, and other evidence of purchase must be retained and available for future audit for a period of 3 years after the end of the Federal fiscal year to which they pertain. One copy of the milk invoices must be attached to this claim form when submitted. Complete sections 1 – 12 in their entirety. Rate of reimbursement will be announced and effective each July 1.

1. Name and Address of Sponsor	2. Vendor ID #	
3. Month and Year Covered By This Claim	4. No. of Days Milk Was Served	
5. NUMBER OF HALF PINTS CLAIMED FOR SPECIAL MILK PROGRAM REIMBURSEMENT (Total Column E – Reconciliation Form)		
6. RATE OF REIMBURSEMENT PER HALF PINT	\$	
7. AMOUNT OF SPECIAL MILK PROGRAM CLAIM (Item 6 multiplied by Item 7)	\$	
8. COST OF MILK (the purchase price after discount and exclusive of service charges, if any, paid the milk supplier for fluid milk delivered to the school, camp, or institution.) Column B	\$	
9. CLAIM AMOUNT* (the lesser amount of line 8 or 9)	\$	
10. PRICE PER HALF PINT AT WHICH THE MILK WAS MADE AVAILABLE TO THE CHILDREN:		
No Charge _____	Unflavored \$ _____	Flavored \$ _____

11. I certify that to the best of my knowledge and belief, this claim is true and correct in all respects; that records are available to support this claim that this claim is in accordance with the Agreement cited in item 3 above; that service practices are in operation for encouraging milk consumption as described in Application forming part of the same Agreement; and that payment has not been received.

DATE	TITLE	SIGNATURE OF AUTHORIZED REPRESENTATIVE OF THE SPONSOR
		Print Name
		Contact Phone #

*Reimbursement cannot exceed purchase price

Revised 2015

Approved date _____
By _____