



Office of General Services Food Distribution

OGS Food Distribution
93 Broadway
Menands, NY 12204
Email: ogsdonatedfoods@ogs.ny.gov
Website: <https://ogs.ny.gov/usda-food-distribution>
Phone: (518) 474-5122 | Fax: (518) 486-5660

Special Milk Reimbursement Claim Form

Instructions: This form is for child-care institutions, camps, and schools not in the National School Lunch Program to request reimbursement from the Special Milk Program. Rate of reimbursement will be announced and effective each July 1.

1. Complete Sections 1-12 in their entirety.
2. Print and sign the completed form in Section 12.
3. One copy of the milk receipts must be attached to this claim form when submitted. 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.
4. By the 10th of each month following the month covered by the claim, mail the original claim form and milk receipts to OGS Food Distribution at the address listed above.

| | | | |
|--|--|--|-------------------|
| 1. Sponsor Name | | 2. Vendor ID Number | |
| 3. Sponsor Address | | City | Zip Code |
| 4. Month and year covered by this claim | | 5. Number of days milk was served | |
| 6. Number of half pints claimed for special milk program reimbursement (Total Column G - Reconciliation Form) | | | |
| 7. Rate of Reimbursement per half pint | | \$ | |
| 8. Amount of special milk program claim (Item 6 multiplied by Item 7) | | \$ | |
| 9. 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) | | \$ | |
| 10. Claim Amount* (the lesser amount of line 8 or 9) *Reimbursement cannot exceed purchase price | | \$ | |
| 11. Price per half pint at which the milk was made available to the children: | | No Charge | Unflavored |
| | | \$ | \$ |
| | | | Flavored |
| | | | \$ |

12. 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 4 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.

Signature of Authorized Representative of the Sponsor

Date

Print or Type Name

Contact Phone Number

Print or Type Title