



Wisconsin Department of Public Instruction
CHILD AND ADULT CARE FOOD PROGRAM
REIMBURSEMENT CLAIM
 PI-1489 (Rev. 07-09)

INSTRUCTIONS: Complete three copies. Retain one copy for your files. Submit **original** and **one copy no later** than the **15th** of the month following the month covered by the claim to:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
ATTN: ANGIE MOEN
FEDERAL AIDS AND AUDIT SECTION
P.O. BOX 7841
MADISON, WI 53707-7841

Claims submitted more than 60 days after the end of the claiming month cannot be paid unless a special exemption is granted by the USDA.

Agreement No.	Month	Year
Sponsoring Agency		Address Street, City, State, ZIP
		Telephone Area/No.

I. CHILD AND ADULT CARE FOOD PROGRAM ENROLLMENT DATA

1. Non-needy Category	2. Reduced Category	3. Free Category	4. Total Enrollment
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II. PARTICIPATION DATA

	Nonprofit or Public Centers	For Profit	Outside School Hours Centers	Head Start Centers			
5. Number of Sites*							
6. Number of Days of Service							
7. Average Daily Attendance							
	Breakfasts	AM Snacks	Lunches**	PM Snacks	Suppers**	Additional Snack	Total
8. No. of Meals Served to Children							0

DPI Use Only

Meal Reimbursement _____
 Commodity _____
TOTAL ➤ _____

III. CERTIFICATION

I CERTIFY, to the best of my knowledge, both sides of this claim are true and correct in all respects; that records are available to support this claim; that it is in accordance with the terms of existing agreements(s); and that payment, therefore, has not been received.

Voucher Number	Date of Check	Signature of Authorized Representative ➤	Title	Date
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* If two or more sites are operated, complete page 2.
 ** Cash in lieu of commodities will be paid on these meals.

Collection of this information is a requirement of PL 95-627.

