

Tri-Star Alliance, Inc.
CHILD CARE FOOD PROGRAM CLAIM FORM

License Expiration Date: _____
 Date Claim Filed: _____
 Provider's Name: _____
 Address: _____
 Phone Number: _____

Total Meals Served

Reimbursement

Tier I	Tier II	Meal		Tier I		Tier II	
		Breakfast	X	1.31		0.48	
		AM Snacks	X	0.73		0.20	
		Lunch	X	2.46		1.48	
		PM Snacks	X	0.73		0.20	
		Dinner	X	2.46		1.48	
		Night Snacks	X	0.73		0.20	

Total of Tier _____

The maximum allowable claim per child is two meals and one snack, or one meal and two snacks per day. I hereby certify that the above account is true and accurate and the amount claimed is legally due.

Date: _____ Provider's Signature: _____

Tri-Star Alliance Comments:

Total Days = _____
 Total Attendance = _____
 Total Enrollment = _____

Initialed By: _____

Avg Daily Attendance= _____
 Tier I Enrolled= _____