

**South Carolina Department of Social Services  
Summer Food Service Program  
MONTHLY CLAIM FOR REIMBURSEMENT**

1. Agreement Number: <b>SF-</b> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	2. Month and Year Claimed: <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<b>FOR DSS USE ONLY</b>
3. Name and Address of Sponsor:  _____  _____  _____  Telephone: _____ Fax: _____		4. Type of Sponsor: <input type="checkbox"/> School <input type="checkbox"/> Government <input type="checkbox"/> PNP <input type="checkbox"/> RCS Camp <input type="checkbox"/> NYSP
		5. Administrative Rate: <input type="checkbox"/> Rural <input type="checkbox"/> Urban
		6. Federal ID Number: <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
		7. Check One: <input type="checkbox"/> Original Claim <input type="checkbox"/> Revision 1 <input type="checkbox"/> Revision 2 <input type="checkbox"/> Revision 3
		8. Total No. of <b>Sites</b> Operated: <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
		9. Total No. of <b>Days</b> Meals Served: <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>

10. Multi-County Sponsor?  Yes  No If yes, submit DSS Form 1641-1 with your claim.

11. If your program sponsors the following type site(s), indicate the total meals served at those sites by type.

	Breakfasts	AM/PM Supplements	Lunches	Suppers
<input type="checkbox"/> NYSP Site(s)	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
<input type="checkbox"/> Homeless Site(s)	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>

12. Total Number of Meals Served to Children:

Total First Meals Served	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
Total Second Meals Served	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
Total Meals Eligible for Reimbursement	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>

13. Total Number of Meals Served to Adults:

<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
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**FINANCIAL REPORT**

Note: Operating costs reported can only be those costs incurred during the reporting period.

<u>Funds Received During Reporting Period for Food Service</u>	<u>Operating Costs During the Reporting Period</u>
14. Adult Meal Payments: <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	18. Food: (Includes Contract Costs) <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
15. Interest Earned on Funds of Summer Food: <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	19. Labor: (Excluding Administrative Costs) <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
16. Other Cash Receipts: <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> (Individual Donations, State and Local Contributions and Other Federal Grants) <b>Do not include amounts received from SCDSS for this program.</b>	20. Other: (Excluding Administrative Costs) <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
17. Total Funds Received During Reporting Period (14+15+16): <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	21. Subtotal (18+19+20): <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
	22. Administrative Costs: <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
	23. Total Operating Costs (21+22): <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>

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 it is in accordance with the terms of existing Agreement(s); and that payment therefore has not been received. I understand that the information on this voucher is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Date of Preparation:	Title:	Signature of Sponsor:
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