Daily Meal Count and Attendance Record (Centers and Emergency Shelters)

Form H1535 March 2007

	(Centers and Emergency Chetters)		
Name of Contracting Organization	Name of Facility	Program No. (TX No.)	Month and Year
A Golden Opportunity Food Program	Day Care Center Name	TX 1 7 0 - 0 0 2 6	5/2012

Centers; You may claim up to two meals and one snack or one meal and two snacks. Emergency Shelters; You may claim up to three meals or two meals and one snack.

			Day	-	Date						Day		Date					Day			Date					-	Date				Day			Date					
Participant's Name	Age	MO	N			2			TUI	ES		5/1					ED		5/2			17.5		THURS		5/3				FRI			5/4						
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I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution under applicable state or federal statutes.

Amy Kurt
Signature—Center/Emergency Shelter Representative

5/4/12

Be sure to sign and date at the end of each week