

Center Name: _____	Center #: _____ <small>(3 digits)</small>
Claim Month: _____	Claim Year: _____

“I hereby confirm that the following checked items have been sent in the same package to Child Food Program of Texas for the claim month dated above.”

- 1) Employees that are paid from the CACFP funds
 - CACFP operating labor sheets (Time Distribution Reports)
(only **one** is needed per CACFP employee)
 - Proof of CACFP employee payment (payment records, paycheck stub, etc)

- 2) Items purchased for the food program
ie: food, kitchen supplies, paper goods or cleaning supplies for meal service, etc.
(NO TOILET PAPER and NO PERSONAL ITEMS!)
 - Vender invoices
 - Grocery store receipts
 - Proof of payment (payment records)
ie: bank statements, canceled checks, credit card statements, etc.

- 3) Monthly Records
 - Monthly Food Inventory

Center Representative's name Printed

Date

Center Representative's Signature

Center Representative's Position