

MENUS

Sponsor Chatham County Partnership for Children	Provider 		
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Record the item description/name in the second box, abbreviating as necessary.

		MON	TUE	WED	THU	FRI
BREAKFAST	Fluid Milk					
	Veg or Fruit					
	Bread or Equiv.					
AM SNACK	Fluid Milk					
	Veg or Fruit					
	Bread or Equiv.					
	Meat and/or Alt.					
LUNCH	Fluid Milk					
	Veg or Fruit					
	Veg or Fruit					
	Bread or Equiv.					
	Meat and/or Alt.					
PM SNACK	Fluid Milk					
	Veg or Fruit					
	Bread or Equiv.					
	Meat and/or Alt.					
SUPPER	Fluid Milk					
	Veg or Fruit					
	Veg or Fruit					
	Bread or Equiv.					
	Meat and/or Alt.					
EVE SNACK	Fluid Milk					
	Veg or Fruit					
	Bread or Equiv.					
	Meat and/or Alt.					

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.

Provider's Signature

Date (mm/dd/yy)