

Claim for Reimbursement Worksheet - Meals

Contractor BerkyTest	Program No. TX	Month and Year April 2023
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Date	Number Breakfasts		Number A.M. Snacks		Number Lunches		Number P.M. Snacks		Number Dinners		No. Evening Snacks		Number At Risk Afterschool Snack Total First
	Total First Meals	Total Second Meals	Total First Meals	Total Second Meals	Total First Meals	Total Second Meals	Total First Meals	Total Second Meals	Total First Meals	Total Second Meals	Total First Meals	Total Second Meals	
1	0	0	0	0	0	0	0	0	0	0	0	0	--
2	0	0	0	0	0	0	0	0	0	0	0	0	--
3	42	0	0	0	42	0	42	0	0	0	0	0	--
4	41	0	0	0	41	0	41	0	0	0	0	0	--
5	41	0	0	0	41	0	41	0	0	0	0	0	--
6	41	0	33	0	3	0	41	0	0	0	0	0	--
7	41	0	0	0	41	0	41	0	0	0	0	0	--
8	0	0	0	0	0	0	0	0	0	0	0	0	--
9	0	0	0	0	0	0	0	0	0	0	0	0	--
10	41	0	0	0	41	0	41	0	0	0	0	0	--
11	41	0	0	0	41	0	41	0	0	0	0	0	--
12	41	0	0	0	41	0	41	0	0	0	0	0	--
13	41	0	0	0	41	0	41	0	0	0	0	0	--
14	41	0	0	0	41	0	41	0	0	0	0	0	--
15	0	0	0	0	0	0	0	0	0	0	0	0	--
16	0	0	0	0	0	0	0	0	0	0	0	0	--
17	0	0	0	0	0	0	0	0	0	0	0	0	--
18	0	0	0	0	0	0	0	0	0	0	0	0	--
19	0	0	0	0	0	0	0	0	0	0	0	0	--
20	0	0	0	0	0	0	0	0	0	0	0	0	--
21	0	0	0	0	0	0	0	0	0	0	0	0	--
22	0	0	0	0	0	0	0	0	0	0	0	0	--
23	0	0	0	0	0	0	0	0	0	0	0	0	--
24	0	0	0	0	0	0	0	0	0	0	0	0	--
25	0	0	0	0	0	0	0	0	0	0	0	0	--
26	0	0	0	0	0	0	0	0	0	0	0	0	--
27	0	0	0	0	0	0	0	0	0	0	0	0	--
28	0	0	0	0	0	0	0	0	0	0	0	0	--
29	0	0	0	0	0	0	0	0	0	0	0	0	--
30	0	0	0	0	0	0	0	0	0	0	0	0	--
Totals	411	0	33	0	373	0	411	0	0	0	0	0	--

Transfer program participant meal information to the corresponding column for the appropriate program on the Form H1532, Claim for Reimbursement - Food and Nutrition Division.