I HEREBY CERTIFY that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of Federal Funds and that
deliberate misrepresentation may subject to prosecution under applicable State and Federal criminal statutes.
I verify all meals meet the required serving amounts recommended by the U.S.D.A standards.
I verify that all bread/bread products are made with whole wheat, whole wheat grain or enriched flour
I verify that all luncheon meats and hot dogs are all meat.
I verify that all juices served are 100% juice.
I CERTIFY THAT ALL MEAL COUNTS ARE DONE AT POINT OF SERVICE.

**Week Ending**_____

**Provider Signature**_____

**PROVIDER NAME**

**Date -->**

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|
| | B A L P S E | B A L P S E | B A L P S E | B A L P S E | B A L P S E |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Please Total All Meals Served**

| B A L P S E | B A L P S E | B A L P S E | B A L P S E | B A L P S E |
|---|---|---|---|---|
| | | | | |