

**TULARE COUNTY OFFICE OF EDUCATION - CHOICES
IN-KIND REPORT SCHOOL NUTRITION PROGRAMS**

School District: _____

Month: _____

School Site: _____

Year: _____

	# SERVED	COST/MEAL	TOTAL
PAID MEALS		\$ 0.06	
REDUCED MEALS		\$ 0.34	
FREE MEALS		\$ 0.68	
TOTAL			

I certify that, to the best of my knowledge, the Non-Federal Match listed above represents actual expenditures accumulated. The certified amount does not duplicate any Federal claims for reimbursement, nor are the funds used to match other federal funds, unless expressly allowed by federal regulation.

Signature of School Site Director: _____

Date: _____

Signature of District Business Manager: _____

Date: _____

Signature of Choices Program Manager: _____

Date: _____