

Month: _____ Year: 20__

I certify that the information on the **2315 – Daily Attendance and Meals Worksheet** form for:

Name of Contracting Entity (CE): Neighbors in Need of Services, Inc.

Name of Site: _____

CE ID: **02948**

Classroom: _____

Attendance for: ____ / ____ / ____ - ____ / ____ / ____

is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible Program participants. I understand that misrepresentation may result in prosecution under applicable state or federal laws.

*(for certification purposes the site representative will **initial each page** of the worksheet)*

Print Name – Site Representative

Signature – Site Representative

____ / ____ / ____
Date