



100 North First Street, E-240
Springfield, Illinois 62777-0001

**NATIONAL SCHOOL LUNCH PROGRAM
EQUIPMENT ASSISTANCE GRANT
CLAIM FOR REIMBURSEMENT**

NUTRITION DEPARTMENT

School Food Authorities awarded a National School Lunch Program Equipment Assistance Grant are to report expenditures for allowable costs using this claim for reimbursement form. A claim for reimbursement of grant expenses must be submitted to ISBE within 30 days from the end of the spending period. Claims may be submitted sooner or more frequently throughout the grant period, if desired.

Instructions: List each equipment item and expense as a separate line item. Attach supporting documentation (invoice/receipt) for all expenses that are included on the claim. Email the completed form and documentation to edurbin@isbe.net.

TO BE COMPLETED BY THE SCHOOL FOOD AUTHORITY

NAME OF DISTRICT / ORGANIZATION	RCDT CODE (00-000-0000-00)	GRANT AWARD YEAR
SUBMITTED BY	EMAIL	PHONE

CLAIM TRACKING

Select the claim number corresponding with the number of claims submitted for tracking purposes (first claim, second claim, etc.)

Claim #	1	2	3	4	5	6	7	8	9	10
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FINAL CLAIM	Marking final claim indicates that all grant activities are completed, and all eligible expenses have been claimed for reimbursement. With submission of the final claim, the grantee acknowledges that any portion of the grant award that was not obligated/claimed as eligible grant expenses (i.e., unspent funds) shall be retained by ISBE for reallocation and/or return to the federal awarding agency, as applicable.
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List each item/expense below. Attach copies of invoice and/or receipts to support all costs reported on this claim.

SITE NAME	DESCRIPTION OF ITEM / EXPENSE	AMOUNT

TOTAL AMOUNT REQUESTED FOR THIS CLAIM \$ _____

GRANTEE CERTIFICATION (2 CFR 200.415)

By signing this report and/or payment request, I certify to the best of my knowledge and belief that this report is true, complete, and accurate; that the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the State or federal pass-through award; and that supporting documentation has been submitted as required by the grant agreement. I acknowledge that approval for any item or expenditure described herein shall be considered conditional subject to further review and verification in accordance with the monitoring and records retention provisions of the grant agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812; 30 ILCS 708/120)

NAME AND TITLE OF AUTHORIZED CERTIFYING INDIVIDUAL	PHONE	EMAIL
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Signature of Authorized Certifying Individual
District Superintendent or Authorized Representative

Date