

Lowndes County Public Schools

Headstart Food Charges

SCHOOL: _____ MONTH: _____

Date	STUDENTS												ADULT	
	Breakfast			Snacks			Lunch			Snacks			Breakfast	Lunch
	FR	RE	PD	FD	RE	PD	FR	RE	PD	FR	RE	PD		

I VERIFY THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS CORRECT.

Amount due: _____

Signature

USDA REIMBURSEMENT: _____