



## CENTER CHECKLIST

Please forward these items by the 3rd of each month

\_\_\_\_ Enroll and/or withdraw participants

\_\_\_\_ Income Eligibility Checklist

\_\_\_\_ Income Eligibility Statements (Infant Affidavit/Enrollment if applicable)

\_\_\_\_ Daily Attendance and Meal Count Report

\_\_\_\_ GA-CAPS Invoice showing the dollar amount (if applicable)

\_\_\_\_ Medicaid Invoices (if applicable)

\_\_\_\_ Sign In/Out Sheets

\_\_\_\_ Labor Documentation

Supporting labor cost documents are (1) Time Distribution Report, (2) Time card/sheet and (3) Payroll invoice (e.g., copy of cancelled check, paystub, etc.)

\_\_\_\_ Original Receipts (Please make copies before you mail them. Proof of purchase required for Milk Vendors and Web Receipts) (No receipts – No reimbursement)

\_\_\_\_ Bank Statements and Cancelled Checks

\_\_\_\_ Posted Menu (**Children 1+ and Infant Menus**)

~~In order to be included in our 1st claim your items are due by the 3rd of each month.~~

**NOTE: Claims received after the 30<sup>th</sup> of the claim month will not be reimbursed.**

*(This form is not required to be sent with your packet)*