NORTHWEST NUTRITION SERVICE DAILY MEALCOUNT FORM

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Print Name:	Signature:	Acct#: P	hone:	Claim Month:	Year:		
Records due by the 5th:	Mail to P.O. Box 68365 Milwaukie Oregon 97268 (503) 65	53-7626 or Fax: (503) 653-148	34 or email: information@	nwnutritionservice.com.			

I certify the information submitted is accurate in all respects. I understand that this information is given in connection with the receipt of federal funds and that deliberate misrepresentation may result in State or Federal prosecution.

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