



# Northwest Nutrition Service State/Federal Holiday Form

In order to receive reimbursement for State/Federal Holidays, this form must be completed and sent in with the corresponding menu. Parents signature is required ONLY for the State/Federal Holidays listed below.

- |                        |                  |                  |               |
|------------------------|------------------|------------------|---------------|
| New Years Day          | Memorial Day     | Columbus Day     | Christmas Day |
| Martin Luther King Day | Independence Day | Veterans Day     | Easter Day    |
| Presidents Day         | Labor Day        | Thanksgiving Day |               |

Child # <small>(if, online)</small>	Child Name and Age	DATE and NAME of Holiday	Parent's Signature <i>For State/Federal Holidays Only</i>

I hereby state that the above information is true and accurate:

Provider Name : \_\_\_\_\_ Acct.#: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Northwest Nutrition Service  
 P.O. Box 68365, Milwaukie, Oregon 97268  
 (503) 653-7626 Fax: (503) 653-1484  
[www.nwnutritionservice.com](http://www.nwnutritionservice.com)  
 e-mail: [information@nwnutritionservice.com](mailto:information@nwnutritionservice.com)

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