



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.

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

Provider Name : _____ Acct.#: _____

Provider Signature: _____ Date: _____

Northwest Nutrition Service
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