

STATE OF MAINE
DEPARTMENT OF EDUCATION
CLAIM – FOOD SERVICE EQUIPMENT ASSISTANCE REIMBURSEMENT

Name of SAU: _____ Address: _____

DUNS Number or Equivalent: _____ Congressional District: _____

Note: Equipment has been installed, as explained in the application. Equipment is operational.

Date Operational	Invoice Number (Attach Invoices)	Cost	Serial Number (Where Applicable)	Model Number	Item	Jobs Created	Jobs Retained
ATTACH ADDITIONAL SHEET IF NEEDED							
Transportation and/or installation (if approved in grant)			Claim for Reimbursement				
Total		\$					

I hereby certify that the item(s) above have been obtained and installed at the prices noted and are in operation.