

Fresh Fruit and Vegetable Program
Arkansas Department of Education
Child Nutrition Unit

Claim Cover Sheet

Date: _____

Fax to: **501-324-9505**

Attn: **Debi Branscum**

From (district name): _____

*In order to expedite the processing of your claim, please make sure to
check the following prior to faxing:*

- Claim is signed (original signature)
- Correct funding allocation is marked
- Pay confirmations and timesheets are submitted
- Claims for equipment have been pre-approved
- Invoices are clearly marked for FFVP items

Comments: _____

