



NYS OFFICE OF GENERAL SERVICES

Serving New York

Division of Food Distribution & Warehousing
Corning Tower Bldg., Room 2925
Empire State Plaza
Albany, NY 12242

Vendor ID No. _____

Claim Month/Yr _____

SPECIAL MILK RECONCILIATION FORM

This form or its replica must be attached to the Reimbursement Claim Form.

Date of Purchase	A Purchases – this column must match receipt	B. Cost of Milk Purchased	C. Convert purchases to ½ pints, if necessary. See reverse for conversion chart	D. ½ pints consumed by ineligible persons	E. ½ pints consumed by eligible persons
Prior Month Carryover (Include Receipts)					
1					
2					
3					
4					
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26					
27					
28					
29					
30					
31					
TOTAL					

- Column A must match the attached purchase receipts for the claim month.
- Column B is the cost of milk purchased. Carry the total over to Line 9 of the Reimbursement Claim Form.
- Column C is the conversion to ½ pints if necessary.
- Column D must be completed if purchased milk is consumed by ineligible adults.
- Column E is the ½ pts consumed by eligible person. Carry the total over to Line 6 of the Reimbursement Claim Form.

Records must be maintained for a period of 3 years (See Item 2f of Agreement).

Revised 2013

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Conversion Chart

<i>Milk Size</i>	Number of Half-Pints
One (1) Gallon	16 half-pints
One-half (1/2) Gallon	8 half-pints
One (1) Quart	4 half-pints
One (1) Pint	2 half-pints
20 Qt bulk container	80 half-pints
24 Qt bulk container	96 half-pints