

COMPLETING THE TABLE

This claim is for milk supplied in

PINTS

(You must tick ONE box only)
All claims MUST be in Pints OR Litres NOT a combination of both.

LITRES

LIQUID MILK

Please enter the total number of pints or litres of liquid cow's milk purchased for each month.

Month	Number of Pint / Litres	Number of attendance days in month*	Price paid per Pint / Litre	Cost
1			£	£
2			£	£
3			£	£
4			£	£

* Number of attendance days in month refers to the number of days that children under 5 were in attendance during the month claimed.

Total liquid milk claimed value

£

INFANT FORMULA

Please enter the total number of packs of infant formula purchased for a child under the age of one for each month of the four month period you are claiming for. You can only claim for 4 consecutive months.

Give the details of the infant formula purchased, including brand(s), pack size, number of packs, price per pack. Do not send receipts to NMRU unless specifically requested but you need to retain these and other records for 3 years. The following is a list of approved infant formula brands, you cannot claim for any other brands of follow-on milk.

SMA First Infant Milk Powder • SMA Comfort Easy to Digest Infant Milk Powder • SMA Extra Hungry infant Milk Powder • Cow & Gate First Infant Milk Powder • Cow & Gate Comfort Powder • Cow & Gate Infant Milk for Hungrier Babies Powder • HiPP Organic Combiotic First Infant Milk Powder • HiPP Organic Combiotic Hungry Infant Milk Powder • Aptamil First Milk From Birth Powder • Aptamil Comfort From Birth Powder • Aptamil Hungry Milk From Birth Powder

Month	Number of attendance days in month**	Brand	Number of packs	Pack size (450 / 900g)	Price paid per pack	Cost	Claimed
1					£	£	£
2					£	£	£
3					£	£	£
4					£	£	£

** Number of attendance days in month refers to the number of days that children under 1 were in attendance during the month claimed.

Total Infant Formula claimed value

£

Declaration - NB. To give false information may result in prosecution. I declare that the information on this form is correct and complete to the best of my knowledge and belief. I confirm that I have deducted any EU subsidy that I have received, or expect to receive (Under Council Direction (EC) 2707/2000 of 11 December 2000) from the cost of the milk to which this claim relates. I claim accordingly.

NAME IN BLOCK CAPITALS..... Signature

Designation or official position Date

NMRU, PO Box 504, Leicester LE94 0AE. Nursery Milk helpline: 0844 991 4444 www.nurserymilk.co.uk Email:enquiries@nurserymilk.co.uk