

**Meal Count Edit Checks Sample Form
3 Sites**

Site _____

Claiming Month _____

1. Center is approved on DPI site application for meal types claimed for reimbursement.

Yes No If no, do not claim these meals until contract has been amended & approved.

2. Enrollment X Days Operating X Number of meal services approved for site \geq Total number of meals claimed this month.

Yes No If no, investigate to determine reason for discrepancy and make any needed corrections before submitting claim.

Initials _____ Date _____



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