

**Meal Edit Checks  
(2 Sites)**

Site: \_\_\_\_\_

Claiming Month: \_\_\_\_\_

1. Is the site approved in the DPI contract for the type(s) of meals claimed?  
 Yes  No *If **NO**, do not claim these meals until contract has been amended & approved*

2. Complete the calculation below:

Enrollment	Days Operating	Circle meal services approved for site: B AM L PM S Add	Total
		Number of meal services approved for this site (from above)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Total number of meals/snacks claimed this month for this site:

4. Is the total from #3 less than the total from #2?  Yes  No  
*If **NO**, investigate to determine reason for discrepancy and make any needed corrections before submitting the claim*

Initials \_\_\_\_\_ Date \_\_\_\_\_

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Initials \_\_\_\_\_ Date \_\_\_\_\_

**Keep this form on file with your monthly paper claim documentation.**