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:

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>Days Operating</th>
<th>Circle meal services approved for site:</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>B AM L PM S Add</td>
<td></td>
</tr>
</tbody>
</table>

Number of meal services approved for this site (from above) =

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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Claiming Month: __________________

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Initials __________ Date __________

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

Guidance Memorandum 3  