

South Carolina Department of Social Services
 Afternoon Snack Program (ASP)
**CLAIM FOR REIMBURSEMENT
 ADDENDUM**

TO BE COMPLETED BY ALL ASP PROVIDERS WITH MORE THAN ONE SITE

Organization: _____ Agreement No.: _____

Claim Month/Year: _____ Completed by: _____

Site Name	County	Snacks Served	ADA
Totals:			