Reset

South Carolina Department of Social Services
Emergency Shelters Food Program (ESP)

CLAIM FOR REIMBURSEMENT ADDENDUM

TO BE COMPLETED BY ALL ESP PROVIDERS WITH MORE THAN ONE FACILITY

Organization: _____ **Agreement No.:** _____

Claim Month/Year: _____

Facility Name	County	Breakfast	Lunch	Supper	Snack	ADA
	County...					
	County...					
	County...					
	County...					
	County...					
	County...					
	County...					
	County...					
	County...					
	County...					
	County...					
	County...					
	County...					
	County...					
	County...					
Totals:						