

**South Carolina Department of Social Services
Summer Food Service Program
MULTI-COUNTY LISTING CLAIM FOR REIMBURSEMENT**

Agreement Number:
SF-

Month and Year Claimed:

Days Operated:

Total Sites Operated:

Instructions: Enter the number of meals served per county.

County Name:		Breakfasts	AM/PM Supplements	Lunches	Suppers
1. _____	Total First Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of Sites: _____	Total Second Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Total Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. _____	Total First Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of Sites: _____	Total Second Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Total Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. _____	Total First Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of Sites: _____	Total Second Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Total Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. _____	Total First Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of Sites: _____	Total Second Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Total Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. _____	Total First Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of Sites: _____	Total Second Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Total Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. _____	Total First Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of Sites: _____	Total Second Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Total Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. _____	Total First Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of Sites: _____	Total Second Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Total Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Grand Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Sponsor:	Date:
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