Claim Justification Worksheet for _____ **Month of:** _____

(Sponsor Name and Number) *(Month, Year)*

		BREAKFAST				AM SNACK				LUNCH				PM SNACK				SUPPER				EVE SNACK				
Provider	**Tier Type**	**T1**	**T2H**	**T2L**	**T2M**	**T1**	**T2H**	**T2L**	**T2M**	**T1**	**T2H**	**T2L**	**T2M**	**T1**	**T2H**	**T2L**	**T2M**	**T1**	**T2H**	**T2L**	**T2M**	**T1**	**T2H**	**T2L**	**T2M**	**Reason**
Net Change																										