Claim Justification Worksheet for _____. **For the month of:** _____

(sponsor name and number) *(month, year)*

		BREAKFAST			LUNCH			SUPPER			SNACK				
Provider last name, first name	Tier Type	T1	T2 Hi	T2 Lo	T1	T2 Hi	T2 Lo	T1	T2 Hi	T2 Lo	T1	T2 Hi	T2 Lo	Delete claim?	Reason
Net change (total above)															