

South Carolina Department of Social Services
At-Risk Afterschool Meal Program (ARAMP)
CLAIM FOR REIMBURSEMENT
ADDENDUM

TO BE COMPLETED BY ALL ARAMP INSTITUTIONS WITH MORE THAN ONE SITE

Organization: _____ Agreement No.: _____

Claim Month/Year: _____ Completed by: _____

Site Name	Breakfast	Lunch	Snack	Suppers	ADA
Totals:					