

**Reimbursement Back-up  
For-Profit Sponsoring Organizations**

Month/Year \_\_\_\_\_

Agreement # \_\_\_\_\_

SNP Use Only	Center	# of days	Average Daily Attendance	Breakfast	Lunch	Snack AM - PM	Supper	Free	Reduced	Paid

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Processed By: \_\_\_\_\_

Date: \_\_\_\_\_

