EDIT CHECK WORKSHEET

The following worksheet must be used by schools and school food authorities as part of the claims review process:

1.	2.	3.	4.
		%	
School	**Month**	**Attendance Factor (AF)**	**Total Enrollment**

5	6	7	8	9	10	11	12	13	14	15
DAY OF MONTH	FREE SERVED	FREE ELIGIBLE	FREE ELIGIBLE X AF	REDUCED SERVED	REDUCED ELIGIBLE	REDUCED ELIGIBLE X AF	PAID SERVED	PAID ELIGLBLE X AF	TOTAL SERVED (6+9+12)	COMMENTS
TOTAL										

***Note*: If Column 6 is greater than Column 7 and/or Column 9 is greater than Column 10, immediate corrective action is required.**