

**South Carolina Department of Social Services**  
**Emergency Shelters Food Program (ESP)**  
**CLAIM FOR REIMBURSEMENT**  
**ADDENDUM**

**TO BE COMPLETED BY ALL ESP PROVIDERS WITH MORE THAN ONE FACILITY**

Organization: \_\_\_\_\_ Agreement No.: \_\_\_\_\_

Claim Month/Year: \_\_\_\_\_

Facility Name	County	Breakfast	Lunch	Supper	Snack	ADA
<b>Totals:</b>						