Afterschool Snack Program Consolidated SFA Claim Worksheet

COLORADO
Department of Education

District: _____ **Number of Programs**: _____

Month: _____ **Prepared by:** _____

Date	NUMBER OF SNACKS SERVED TO CHILDREN				
	Under 50% F & R Site				**Over 50% F & R Site**
	Paid	Reduced	Free	Total	Total Snacks
Total					