Montana Office of Public Instruction
School Nutrition Programs
Claim Payment Summary

Batch Number: 100249
Process Date: 10/21/2013

Lodge Grass Elementary - 02-0025
Benedicta Little Wolf
PO Box 810
Lodge Grass MT 59050

Payment Period		General Operating	Administration	Payment Total
Aug-13	Original Claim	$1,877.94	$196.29	$2,074.23
	Sponsor Total:	$1,877.94	$196.29	$2,074.23

Montana Office of Public Instruction
School Nutrition Programs
Claim Payment Summary

Batch Number: 100249
Process Date: 10/21/2013

Wyola Elementary - 02-0026
Valencia CrookedArm
PO Box 66
Wyola MT 59089

Payment Period		General Operating	Administration	Payment Total
Jul-13	Original Claim	$4,196.78	$434.67	$4,631.45
	Sponsor Total:	$4,196.78	$434.67	$4,631.45

Montana Office of Public Instruction
School Nutrition Programs
Claim Payment Summary

Batch Number: 100249
Process Date: 10/21/2013

Northern Cheyenne Elementary - 02-9028
Alice Little Sun
PO Box 150
Busby MT 59016

Payment Period		General Operating	Administration	Payment Total
Jun-13	Advance	$(4,689.34)	$(500.00)	-$5,189.34
Jul-13	Original Claim	$4,689.34	$500.00	$5,189.34
	Sponsor Total:	$0.00	$0.00	$0.00

Montana Office of Public Instruction
School Nutrition Programs
Claim Payment Summary

Batch Number: 100249
Process Date: 10/21/2013

Gallatin Valley Food Bank - 16-6512
Lori Christenson
PO Box 1129
Bozeman MT 59771

Payment Period		General Operating	Administration	Payment Total
Aug-13	Original Claim	$8,774.12	$914.82	$9,688.94
	Sponsor Total:	$8,774.12	$914.82	$9,688.94

Montana Office of Public Instruction
School Nutrition Programs
Claim Payment Summary

Batch Number: 100249
Process Date: 10/21/2013

Boys & Girls Club of N Cheyenne Nation - 44-6639
Lanita Haugen
P.O. Box 309
Lame Deer MT 59043

Payment Period		General Operating	Administration	Payment Total
Aug-13	Original Claim	$1,358.62	$141.51	$1,500.13
	Sponsor Total:	$1,358.62	$141.51	$1,500.13

Montana Office of Public Instruction
School Nutrition Programs
Claim Payment Summary

Batch Number: 100249
Process Date: 10/21/2013

Rosebud Community Hospital, Inc - 44-6643
Debra Fix
P.O. Box 268
Forsyth MT 59327

Payment Period		General Operating	Administration	Payment Total
Jun-13	Advance	$0.00	$(40.62)	-$40.62
Jul-13	Advance	$(387.64)	$0.00	-$387.64
Aug-13	Original Claim	$387.64	$40.62	$428.26
	Sponsor Total:	$0.00	$0.00	$0.00

Montana Office of Public Instruction
School Nutrition Programs
Claim Payment Summary

Batch Number: 100249
Process Date: 10/21/2013

Total Operating:	**$16,207.46**
Total Administration:	**$1,687.29**
Total Reimbursement	**$17,894.75**