

**Montana Department of Public Health and Human Services
Child and Adult Care Food Program**

LINE - ITEM JUSTIFICATION FY21

Use this Line-Item Justification form* to justify any budget item greater than 5% of the total administrative budget (not required for staff salaries or travel). *Please reproduce this page as needed.

Sponsoring Organization:

**BUDGET LINE ITEM NO:
DESCRIPTION OF EXPENSES INCLUDED IN LINE ITEM:**

JUSTIFICATION:

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JUSTIFICATION:

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DESCRIPTION OF EXPENSES INCLUDED IN LINE ITEM:**

JUSTIFICATION:

**BUDGET LINE ITEM NO:
DESCRIPTION OF EXPENSES INCLUDED IN LINE ITEM:**

JUSTIFICATION:

Signature of Sponsor's Authorized Representative

DATE