How to print a copy of a paid claim sheet

From the CACFP web site located at cacfp.mt.gov

Go to the claims tab

Access the Application and Claims System Log in Page.

Login		
Montana CACFP		
	Login to Continue	
	User Name:	
	Password: Password	
	Login	
	New CACFP Applicant Login	
and State government information and is limited to authorize to such inspection at the discretion of authorized personnel. States Code. Public Law 99-474 and Chapter XXI. Section	a and is subject to the use policies located at: http://mom.mt.go ed personnel only. Authorized personnel may inspect any uses of Unauthorized access is a violation of state law 43-6-311, MCA, 1030. Unauthorized use of this system may result in disciplinary, re than 10 years, or both. By using this system you indicate your	of this system. By using this system, the user consents and prohibited by Public Law 99-474, Title 18, United action, civil and criminal penalties. Federal
Forgot your password? To reset your password please call: (406) 444-9500	For assistance please contact CACFP at 405-644-6437 or to three 583-007-9333 or email us: dedgar@mt.gov	Please visit our web site:www.dphhs.mt.gov/hcsd/childcare/cacfp

Log into your programs claims. In the list of claims submitted you need to click on the eye of the completed claim.

Welcome TE	ST1 CACF	P Logo	ut			÷					Claims	Repor	ts Institut	ion Detai	
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10	90325	2016/08		Approved	Victoria A	nfinson	10/17/2	016	SCHEMA OWNER	10/17/201	6 SCHEMA OWNER		10/17/2016	() view	
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Showing 1 to 3 of 3 entries

https://webapp.hhs.mt.go	v/cacfp/claims/staff/1094420		,О + (a 🕹 🏼 🏉 CA	CFP - Claim D	etail ×						ប៍
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This will open up the claim form just as you submitted it on-line.

Place your curser on the print icon and click to open up a web app. Depending on your internet speed this may take several min to bring up. You open up the File at the top of the page, then choose to print from there.

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	*** CENT	ER REIMBU	URSEMEN	Г WOR	RKSH	HEET **	*	
Date Printed 0	8/07/2018	Worksheet 10)94420			Claim M	o/Year	6/2018
		Center	Type: Child Day C	Care Center	r			
		Num	ber of Facilities	1		Free	36 =	72.0 %
		5	P Meals Served	21	R	educed	5 =	10.0 %
			aily Attendance	33		Paid	9 =	18.0 %
			thly Attendance	692	Total	•	50 =	100 %
		Total Lie	censed Capacity	70	Enro	ollment	50 =	100 /0
Br	eakdown of	Reimbursemen	nt for Meals S	Served fo	or Ea	ch Meal T	vpe	
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