Field Seq.	Position From	Position To	Description	Field Length	Field Type	Required Field?	Instructions
1	1	3	Upload Form ID	3	N(3,0)	Y	Claim General Information Insert value = "708" for every record
2	4	9	Sequential Number	6	N(6,0)	Y	Claim General Information Sequential Record Number (1, 2, 3, etc., so the sponsor can easily identify each site's claim for this monthnumber may be determined by each sponsor)
3	10	17	Process Date	8	N(8,0)	N	Claim General Information Date the Sponsor exported the data from their system Format: MMDDYYYY NOTE: This data is not stored or used within THE ONLINE CLAIM SYSTEM; however, it may be useful to the Sponsor
4	18	81	Sponsor Name	64	C(64)	Y	Claim General Information Name of the Sponsor (as indicated within THE ONLINE CLAIM SYSTEM)
5	82	97	Sponsor ID	16	C(16)	Y	Claim General Information Unique five digit Sponsor ID that was system generated by THE ONLINE CLAIM SYSTEM—since all sponsors have a 4-digit code, use a leading 0; this MUST match the Sponsor ID defined within THE ONLINE CLAIM SYSTEM (e.g. 10281).

maintained within THI ONLINE CLAIM SYSTEM; this MUST match the Site ID define within THE ONLINE CLAIM SYSTEM (e.g. 1005); if the ID is less than 4 digits, use leadin 0s. Positions 174-177 should have digits fille in (0s if needed and the other numbers); position 162-173 will need to be left blank. Claim General Information The two-digit calendar month for which the claim is being submitte Example: January = 01 February = 02, etc. Claim General Information 9 180 183 Claim Year 4 N(4,0) Y The four digit calendar year for which the claim is being submitted Example: 2012 SNP General Informatic If site is not claiming Lunch or Breakfast for this claim month, leave blank								Claim General Information
Information Unique four digit Site II maintained within THI ONLINE CLAIM SYSTEM (e.g. It is in MUSI) 7 162 177 Site IID 16 C(16) Y CLAIM SYSTEM (e.g. I1005); if the ID is less than 4 digits, use leading to 8. Positions 174-177 should have digits fille in (0s if needed and the other numbers); position 162-173 will need to be left blank. 8 178 179 Claim Month 2 N(2,0) Y The two-digit calendar month for which the claim is being submittee 8 178 179 Claim Year 4 N(4,0) Y The four digit calendar year for which the claim is being submittee 9 180 183 Claim Year 4 N(4,0) Y The four digit calendar year for which the claim is being submittee Example: January = 02, etc. 9 180 183 Claim Year 4 N(4,0) Y The four digit calendar year for which the claim is being submittee Example: 2012 SNP General Information If site is not claiming Lunch or Breakfast for this claim in solution.	6	98	161	Site Name	64	C(64)	Y	indicated within THE ONLINE CLAIM
CLAIM SYSTEM (e.g. 1005); if the ID is less than 4 digits, use leadin 0s. Positions 174-177 should have digits fille in (0s. Fositions 174-177 should have digits fille in (0s. if needed and the other numbers); position 162-173 will need to be left blank. Claim General Information The two-digit calendar month for which the claim is being submitted Example: January = 01 February = 02, etc. Claim General Information 9 180 183 Claim Year 4 N(4,0) Y The four digit calendar year for which the claim is being submitted Example: 2012 SNP General Informatic If site is not claiming Lunch or Breakfast for this claim month, leave blank	7	162	177	Site ID	16	C(16)	V	Information Unique four digit Site ID maintained within THE
8 178 179 Claim Month 2 N(2,0) Y The two-digit calendar month for which the claim is being submitted Example: January = 01 February = 02, etc. Claim General Information 9 180 183 Claim Year 4 N(4,0) Y The four digit calendar year for which the claim is being submitted Example: 2012 SNP General Information If site is not claiming Lunch or Breakfast for this claim month, leave blank	7	102	1//	Site ID	10	C(10)	1	
Example: January = 01 February = 02, etc. Claim General Information 9 180 183 Claim Year 4 N(4,0) Y The four digit calendar year for which the claim is being submitted Example: 2012 SNP General Information If site is not claiming Lunch or Breakfast for this claim month, leave blank	8	178	179	Claim Month	2	N(2,0)	Y	Information The two-digit calendar month for which the
9 180 183 Claim Year 4 N(4,0) Y The four digit calendar year for which the claim is being submitted Example: 2012 SNP General Information If site is not claiming Lunch or Breakfast for this claim month, leaved blank								Example: January = 01; February = 02, etc.
SNP General Information If site is not claiming Lunch or Breakfast for this claim month, leaved the blank	9	180	183	Claim Year	4	N(4,0)	Y	Information The four digit calendar year for which the claim
If site is not claiming Lunch or Breakfast for this claim month, leave G1 - Number of blank								Example: 2012
Lunch or Breakfast for this claim month, leaved this claim to blank								SNP General Information
I (I) I IX4 I 190 I Children Annroved for I / I N(70) I N I	10	184	190	G1 - Number of Children Approved for	7	N(7,0)	N	Lunch or Breakfast for this claim month, leave

			Free Meals				If site is participating in Lunch (L fields), Breakfast (B fields) or Severe Need Breakfast (N fields), enter number of children approved for free meals
11	191	197	G2 - Number of Children Approved for Reduced Price Meals	7	N(7,0)	N	SNP General Information If site is not claiming Lunch or Breakfast for this claim month, leave blank If site is participating in Lunch (L fields), Breakfast (B fields) or Severe Need Breakfast (N fields), enter number of children approved for reduced price meals
12	198	204	G3 - Number of Enrolled Children	7	N(7,0)	N	SNP General Information If site is not claiming Lunch or Breakfast for this claim month, leave blank If site is participating in Lunch (L fields), Breakfast (B fields) or Severe Need Breakfast (N fields), enter number of enrolled children
13	205	211	L1 - Authorized Sites Participating	7	N(7,0)	N	Complete if participating in National School Lunch Program If site is not claiming this program for this claim month, leave blank If site is claiming Lunch for this claim month, enter "1"
							Complete if participating in National School Lunch Program

14	212	218	L2 - Total Monthly Attendance	7	N(7,0)	N	If site is not claiming this program for this claim month, leave blank
							If site is claiming Lunch, enter total monthly attendance; it is recommended that this field be left blank
							Complete if participating in National School Lunch Program
15	219	220	L3 - Number Operating Days	2	N(2,0)	N	If site is not claiming this program for this claim month, leave blank
							If site is claiming Lunch, enter number of operating days
							National School Lunch Program
			L4a - Free	_			If site is not claiming this program for this claim month, leave blank
16	221	227	Reimbursable Lunches Served	7	N(7,0)	N	If non-Provision 2 site, enter number of free reimbursable lunches served
							If Provision 2 site, leave blank
							National School Lunch Program
							If site is not claiming this program for this claim month, leave blank
17	228	234	L4b - Reduced Price Reimbursable Lunches Served	7	N(7,0)	N	If non-Provision 2 site, enter number of reduced price reimbursable lunches served
							If Provision 2 site, leave blank

18	235	241	L4c - Paid Reimbursable Lunches Served	7	N(7,0)	N	National School Lunch Program If site is not claiming this program for this claim month, leave blank If non-Provision 2 site, enter number of paid reimbursable lunches served If Provision 2 site, leave blank
19	242	248	L4d- Total Lunches Served (a + b + c)	7	N(7,0)	N	National School Lunch Program If site is not claiming this program for this claim month, leave blank Enter total lunches served
20	249	255	B1 - Authorized Sites Participating	7	N(7,0)	N	Complete if participating in School Breakfast Program (Regular Reimbursement) If site is not claiming this program for this claim month, leave blank If site is claiming Regular Breakfast for this claim month, enter "1"
21	256	262	B2 - Total Monthly Attendance	7	N(7,0)	N	Complete if participating in School Breakfast Program (Regular Reimbursement) If site is not claiming this program for this claim month, leave blank

							If site is claiming Regular Breakfast, enter total monthly attendance; it is recommended that this field be left blank
							Complete if participating in School Breakfast Program (Regular Reimbursement)
22	263	264	B3 - Number Operating Days	2	N(2,0)	N	If site is not claiming this program for this claim month, leave blank
							If site is claiming Regular Breakfast, enter number of operating days
							School Breakfast Program (Regular Reimbursement)
23	265	271	B4a - Free Reimbursable	7	N(7,0)	N	If site is not claiming this program for this claim month, leave blank
23	203	2/1	Breakfasts Served	,	14(7,0)	IV	If non-Provision 2 site, enter number of free reimbursable breakfasts served
							If Provision 2 site, leave blank
							School Breakfast Program (Regular Reimbursement)
			B4b - Reduced Price				If site is not claiming this program for this claim month, leave blank
24	272	278	Reimbursable Breakfasts Served	7	N(7,0)	N	If non-Provision 2 site, enter number of reduced price reimbursable breakfasts served
							If Provision 2 site, leave blank

25	279	285	B4c - Paid Reimbursable Breakfasts Served	7	N(7,0)	N	School Breakfast Program (Regular Reimbursement) If site is not claiming this program for this claim month, leave blank If non-Provision 2 site, enter number of paid reimbursable breakfasts served If Provision 2 site, leave blank
26	286	292	B4d - Total Reimbursable Breakfasts Served	7	N(7,0)	N	School Breakfast Program (Regular Reimbursement) If site is not claiming this program for this claim month, leave blank Enter total regular breakfasts served
27	293	299	N1 - Authorized Sites Participating	7	N(7,0)	N	Complete if participating in School Breakfast Program (Severe Need Reimbursement) If site is not claiming this program for this claim month, leave blank If site is claiming Severe Need Breakfast for this claim month, enter "1"
28	300	306	N2 - Total Monthly Attendance	7	N(7,0)	N	Complete if participating in School Breakfast Program (Severe Need Reimbursement) If site is not claiming this program for this claim month, leave blank

							If site is claiming Severe Need Breakfast, enter total monthly attendance; it is recommended that this field be left blank
							Complete if participating in School Breakfast Program (Severe Need Reimbursement)
29	307	308	N3 - Number Operating Days	2	N(2,0)	N	If site is not claiming this program for this claim month, leave blank
							If site is claiming Severe Need Breakfast, enter number of operating days
							School Breakfast Program (Severe Need Reimbursement)
30	309	315	N4a - Free Reimbursable	7	N(7,0)	N	If site is not claiming this program for this claim month, leave blank
			Breakfasts Served		(17)		If non-Provision 2 site, enter number of free reimbursable breakfasts served
							If Provision 2 site, leave blank
							School Breakfast Program (Severe Need Reimbursement)
			N4b - Reduced Price	_			If site is not claiming this program for this claim month, leave blank
31	316	322	Reimbursable Breakfasts Served	7	N(7,0)	N	If non-Provision 2 site, enter number of reduced price reimbursable breakfasts served
							If Provision 2 site, leave blank

32	323	329	N4c - Paid Reimbursable Breakfasts Served	7	N(7,0)	N	School Breakfast Program (Severe Need Reimbursement) If site is not claiming this program for this claim month, leave blank If non-Provision 2 site, enter number of paid reimbursable breakfasts served If Provision 2 site, leave blank
33	330	336	N4d - Total Reimbursable Breakfasts Served	7	N(7,0)	N	School Breakfast Program (Severe Need Reimbursement) If site is not claiming this program for this claim month, leave blank Enter total severe need breakfasts served
34	337	343	AN1 - Number of Children Approved for Free Snacks (Non- Area Eligible)	7	N(7,0)	N	Afterschool Care Program (Non Area Eligible) If site is not claiming this program for this claim month, leave blank Enter Number of Children Approved for Free Snacks (Non-Area Eligible)
35	344	350	AN2 - Number of Children Approved for Reduced Snacks (Non- Area Eligible)	7	N(7,0)	N	Afterschool Care Program (Non Area Eligible) If site is not claiming this program for this claim month, leave blank Enter Number of Children Approved for Reduced Snacks (Non- Area Eligible)

36	351	357	AN3 - Number of Enrolled Children (Non-Area Eligible)	7	N(7,0)	N	Afterschool Care Program (Non Area Eligible) If site is not claiming this program for this claim month, leave blank Enter Number of
37	358	364	AN4 - Authorized Sites Participating (Non-Area Eligible)	7	N(7,0)	N	Enrolled Children (Non-Area Eligible) Afterschool Care Program (Non Area Eligible) If site is not claiming this program for this claim month, leave blank
38	365	371	AN5 - Total Monthly Attendance (Non-Area Eligible)	7	N(7,0)	N	If site is claiming for this program for this claim month, enter "1" Afterschool Care Program (Non Area Eligible) If site is not claiming this program for this claim month, leave blank Enter Total Monthly
39	372	373	AN6 - Number Operating Days (Non- Area Eligible)	2	N(2,0)	N	Attendance (Non-Area Eligible); it is recommended that this field be left blank Afterschool Care Program (Non Area Eligible) If site is not claiming this
40	374	380	AN7a - Free Snacks Served (Non-Area Eligible)	7	N(7,0)	N	program for this claim month, leave blank Afterschool Care Program (Non Area Eligible) If site is not claiming this program for this claim month, leave blank

I		I	i 1		 		I
							Enter number of Free Snacks Served (Non- Area Eligible)
41	381	387	AN7b - Reduced Snacks Served (Non- Area Eligible)	7	N(7,0)	N	Afterschool Care Program (Non Area Eligible) If site is not claiming this program for this claim month, leave blank
							Enter number of Reduced Snacks Served (Non- Area Eligible)
							Afterschool Care Program (Non Area Eligible)
42	388	394	AN7c - Paid Snacks Served (Non-Area Eligible)	7	N(7,0)	N	If site is not claiming this program for this claim month, leave blank
							Enter number of Paid Snacks Served (Non- Area Eligible)
							Afterschool Care Program (Non Area Eligible)
43	395	401	AN7d - Total Snacks Served (Non-Area Eligible)	7	N(7,0)	N	If site is not claiming this program for this claim month, leave blank
							Enter number of Total Snacks Served (Non- Area Eligible)
							Afterschool Care Program (Area Eligible)
44	402	408	AE1 - Number of Children Approved for Free Snacks (Area Eligible)	7	N(7,0)	N	If site is not claiming this program for this claim month, leave blank
							Enter number of Children Approved for Free Snacks (Area Eligible)

45	409	415	AE3 - Number of Enrolled Children (Area Eligible)	7	N(7,0)	N	Afterschool Care Program (Area Eligible) If site is not claiming this program for this claim month, leave blank.
46	416	422	AE4 - Authorized Sites Participating (Area Eligible)	7	N(7,0)	N	Enter value in AE1 Afterschool Care Program (Area Eligible) If site is not claiming this program for this claim month, leave blank If site is claiming for this program for this claim month, enter "1"
47	423	429	AE5 - Total Monthly Attendance (Area Eligible)	7	N(7,0)	N	Afterschool Care Program (Area Eligible) If site is not claiming this program for this claim month, leave blank Enter Total Monthly Attendance (Area Eligible); it is recommended that this field be left blank
48	430	431	AE6 - Number Operating Days (Area Eligible)	2	N(2,0)	N	Afterschool Care Program (Area Eligible) If site is not claiming this program for this claim month, leave blank Enter Number Operating Days (Area Eligible)
							Afterschool Care Program (Area Eligible)

49	432	438	AE7a - Free Snacks Served (Area Eligible)	7	N(7,0)	N	If site is not claiming this program for this claim month, leave blank
							Enter number of Free Snacks Served (Area Eligible)
							Afterschool Care Program (Area Eligible)
50	439	445	AE7d - Total Snacks Served (Area Eligible)	7	N(7,0)	N	If site is not claiming this program for this claim month, leave blank
							Enter value in AE7a
							Special Milk Program
51	446	452	M1 - Number of Fluid Milk 1/2 Pints Purchased	7	N(7,0)	N	If site is not claiming this program for this claim month, leave blank
							Special Milk Program
52	453	459	M2 - Total Cost of Fluid Milk Purchased This Month	7	N(7,2)	N	If site is not claiming this program for this claim month, leave blank
							If site is claiming for this month, the total cost must include a decimal point
							Special Milk Program
53	460	466	M3 - Authorized Sites Participating	7	N(7,0)	N	If site is not claiming this program for this claim month, leave blank
							If site is claiming for this program for this claim month, enter "1"
							Special Milk Program
54	467	473	M4 - Total Monthly Attendance	7	N(7,0)	N	If site is not claiming this program for this claim month, leave blank
I							l l

							Enter Total Monthly Attendance; it is recommended that this field be left blank
55	474	475	M5 - Number Operating Days	2	N(2,0)	N	Special Milk Program If site is not claiming this program for this claim month, leave blank Enter total Number Operating Days
56	476	482	M6a - Free Milk Served	7	N(7,0)	N	Special Milk Program If site is not claiming this program for this claim month, leave blank Enter number of Free Milk Served
57	483	489	M6b - Paid Milk Served	7	N(7,0)	N	Special Milk Program If site is not claiming this program for this claim month, leave blank Enter number of Paid Milk Served
58	490	496	M6c - Total Milk Served	7	N(7,0)	N	Special Milk Program If site is not claiming this program for this claim month, leave blank Enter sum of M6a+M6b
59	497	504	Provision Type - Lunch	8	C(8)	N	If the site does NOT participate in a provisional program for Lunch, leave blank If the site participates in Provision 2 for Lunch, enter "PROV2" If the site participates in CEO for Lunch, enter "CEO"

60	505	512	Provision Type – Breakfast	8	C(8)	N	If the site does NOT participate in a provisional program for Breakfast, leave blank If the site participates in Provision 2 for Breakfast, enter "PROV2" If the site participates in CEO for Breakfast, enter "CEO"
61	513	519	P1 - Number of participants Approved for Reduced-Price Meals	7	N(7,0)	N	PK-2 Reduced Lunch Information If site is not claiming this program for this claim month, leave blank If site participating in PK 2, enter number of children approved for reduced price PK-2 meals
62	520	526	P2 – Number of PK-2 Reduced-Price Meals Served	7	N(7,0)	N	PK-2 Reduced Lunch Information If site is not claiming this program for this claim month, leave blank Enter number of Reduced Lunches Served (PK-2)

Each row in the POS file is a site claim for a respective claim month; multiple sites (i.e. multiple records) are included in a single POS file.

Fields related to each meal type are grouped and identified as follows:

- "L" fields = National School Lunch Program
- "B" fields = School Breakfast Program (Regular)
- "N" fields = School Breakfast Program (Severe Need)
- "AN" fields = Afterschool Care Program (Non-Area Eligible)
- "AE" fields = Afterschool Care Program (Area Eligible)
- o "M" fields = Special Milk

If a site is claiming for a specific meal type (ex. Lunch), ensure all related fields are completed correctly (e.g. "L" fields).

A single POS file may contain regular sites as well as Provision 2/Community Eligibility Provision (CEP) sites.

If you are entering data for a Provision 2/CEP sites, please read each field's instructions carefully.

N = Numeric data that is represented with two digits and no decimal places will be shown in this document as <math>N(2,0).

C = Character data that fills a field that is 64 spaces wide will be shown in this document as <math>C(64).