

### SNP Claim For Reimbursement Summary

**Browning Public Schools**

0400 Status: Active  
 DBA: Browning Public Schools  
 104 East Boundary St  
 Browning, MT 59417-9998

Type of Agency: Educational Institution  
 Type of SNP Organization: Public

**Confirmation #:** ABHFBD

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Dec 2025	0	01/08/2026	01/08/2026		Original

**Sponsor Totals**

Meal Type	Meals/Supplements Served	Federal Rate	Reimbursement Federal Amount
<b>National School Lunch Program</b>			
Free	19,790	4.6200	91,429.80
Reduced	0	4.2200	0.00
Paid	0	0.4600	0.00
<b>Total</b>	<b>19,790</b>		<b>91,429.80</b>
<b>Performance-Based Reimbursement (Lunch)</b>			
Claimed	19,790	0.0900	1,781.10
Adjusted	0	0.0900	0.00
<b>Total</b>	<b>19,790</b>		<b>1,781.10</b>
<b>School Breakfast Program</b>			
Free	336	2.4600	826.56
Reduced	0	2.1600	0.00
Paid	0	0.4000	0.00
<b>Total</b>	<b>336</b>		<b>826.56</b>
<b>School Breakfast Program Severe Need</b>			
Free	15,112	2.9400	44,429.28
Reduced	0	2.6400	0.00
Paid	0	0.4000	0.00
<b>Total</b>	<b>15,112</b>		<b>44,429.28</b>

**Claim Reimbursement Total** **138,466.74**

**Sponsor Claim Reimbursement Totals**

Current Claim Reimbursement Total	138,466.74
Previous Claim Reimbursement Total	0.00
<b>Net Claim Reimbursement Total</b>	<b>138,466.74</b>

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Child & Adult Care Food Program

Claim For Reimbursement Summary for December 2025

COUNTY OF GLACIER SCHOOL DIST 9/Browning Public Schools

10154    Status: Active

DBA: Browning Public Schools

129 1st AVE SE

Browning, MT 59417

Type of Agency: Indian Tribe

Agreement Type: Independent Center

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Dec 2025	0	01/08/2026	01/08/2026		Original

Confirmation #: ADLHJV

At Risk Snack

Institution Totals	Meals/Snacks	Federal Rate	Reimbursement Amount
Supper			
Free	272	4.6000	1,251.20
CIL	272	0.3050	82.96
Total	272		1,334.16
Claim Reimbursement Total			1,334.16

Institution Claim Reimbursement Totals	Meal Reimbursement	CIL Reimbursement	Totals
Current Claim Reimbursement Total	1,251.20	82.96	1,334.16
Previous Claim Reimbursement Total	0.00	0.00	0.00
Net Claim Reimbursement Total	1,251.20	82.96	1,334.16

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