Summary of Income and Expenditures

Center/organization name: _____

CACFP sponsor number: _____

Beginning month/year: _____ Ending month/year: _____

INCOME

Private Pay/Tuition	_____
HHS/Title XX Payments	_____
CACFP Reimbursement	_____
Other (Specify) _____	_____
Other (Specify) _____	_____
Other (Specify) _____	_____
Other (Specify) _____	_____
Total	_____

EXPENSES

Payroll	_____
Taxes	_____
Rent/mortgage payment	_____
Insurance	_____
Utilities	_____
Activities	_____
Food and Food Service supplies	_____
Food Service Contracts	_____
Maintenance/Repairs	_____
Auto Expenses/mileage	_____
Other (Specify) _____	_____
Other (Specify) _____	_____
Other (Specify) _____	_____
Other (Specify) _____	_____
Other (Specify) _____	_____
Other (Specify) _____	_____
Other (Specify) _____	_____
Total	_____

NET INCOME Total income minus total expenses _____ *

* All net losses must be accompanied by an explanation from the owner explaining how the organization/business remains financially viable while operating at a loss.
If operating at a net loss, list other sources of income used to support this business:

_____