

MONTH/YEAR _____ Page ___ of ___

Check No.	Date	Name of Payee/Vendor	Food	Non food Supplies	Unallowable Costs	Food Service Labor	Admin Labor	Admin Costs	Food Service Equipment	Other		Grand Total
										Description	Amount	
TOTAL												
											Less Unallowable Costs	
											Total CACFP	

CACFP reimbursement \$ _____ Nonprofit food service? YES NO

Percentage of CACFP reimbursement used for food/nonfood supplies \$ _____