

Summary of Income and Expenditures

Name of Organization (Center): _____

Identify the dates the figures entered represent.

Agreement Number: _____

INCOME	Most Recent Month: Month: _____	Year-to-date (Identify): _____ to _____
Private Pay/ Tuition Fees	\$ _____	\$ _____
Child Care Subsidy Payments (Title XX Payments)	\$ _____	\$ _____
CACFP Reimbursement	\$ _____	\$ _____
Other (Specify _____)	\$ _____	\$ _____
Other (Specify _____)	\$ _____	\$ _____
Other (Specify _____)	\$ _____	\$ _____
Total	\$ _____	\$ _____
EXPENSES	Most Recent Month: Month: _____	Year-to-date (Identify): _____ to _____
Payroll	\$ _____	\$ _____
Taxes	\$ _____	\$ _____
Rent/Mortgage Payment	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Food and food service supplies	\$ _____	\$ _____
Food Vendor Costs (If applicable)	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Maintenance/Repair	\$ _____	\$ _____
General Program Activities	\$ _____	\$ _____
Auto/Mileage	\$ _____	\$ _____
Other (Specify): _____	\$ _____	\$ _____
Other (Specify): _____	\$ _____	\$ _____
Other (Specify): _____	\$ _____	\$ _____
Other (Specify): _____	\$ _____	\$ _____
Total	\$ _____	\$ _____
NET INCOME/LOSS	\$ _____	\$ _____

NET INCOME = Total income minus total expenses.

All net losses reported must be accompanied with a written explanation from the owner and/or Responsible Individual's. The organization must describe how the organization/business remains financial viable while operating at a loss. Any organization operating at loss must provide NDE additional documentation.