

Instructions for Completing:

INCOME & EXPENSE (Self Monitoring Form)

According to Federal Regulation 7CFR CH. 11 (1-1-00 Edition) 226.15 (e) 14, documentation must be maintained to ensure that all Program reimbursement funds are expended:

- (i.) solely for the conduct of the food service operation; or
- (ii.) to improve such food service operations, principally for the benefit of the enrolled participants.
- (iii.) The State Agency requires that not less than 50% of your reimbursement, be spent on food cost (Creditable & Reimbursable) and the remaining percentage (if applicable) may be spent on non-food items, cooks salaries, kitchen equipment, etc.

In order to assist you in complying with these regulations, we have developed the attached form for you to complete and maintain on a monthly basis.

Heading Record the fiscal year being monitored. Fill in the name of the organization and Agreement number, make sure it's legible. **Indicate if there was any Cumulative Balance carried over from the prior year.**

Column #1 Record the reimbursement (\$) amount received for that month listed. If you have to adjust your claim, reflect the change in the appropriate month.

Column #2 Monthly expenses should be itemized in this column. Back up documentation of receipts, invoices, payroll etc., should be on file to support these figures. Make sure expenditures identified in this column relate to the approved percentages on your approved budget on the management plan, for the fiscal year you are monitoring.

The State Agency requires that not less than 50% of your reimbursement be spent on food cost (Creditable & Reimbursable). Please indicate on the line available (% SPENT ON FOOD) what percentage was expended for the month. Figure this by taking the total **Food Cost** and dividing by the total **Amount of reimbursement received**. This will give you the total percentage (%) of the reimbursement spent on food.

Column #3 Record the total amount of milk purchased for each month, such as # of gallons, # of pints, etc. Include the cost of the milk purchased in the reimbursable food line item in column #2. These will help determine if enough milk was purchased for the total number of meals claimed that required milk.

Column #4 Record the carryover difference between the total in column #2 and the amount in column #1. This will help you identify if 100% of your reimbursement for each month was expended or if the organization had a negative or positive balance at the end of each month.

Column #5 Record the cumulative balance (if any) in order to determine at the end of the fiscal year (September) if the organization expended the total amount of reimbursement received from CACFP. Cumulative balance is determined by adding the positive or negative figures from the carry over on a monthly basis.

NOTE: Please be aware that no more than 25% of the total reimbursement received for the year, can be carried over to another year. Funds carried over into the next fiscal year must be spent on allowable expenses by December 31.

FISCAL YEAR _____

Name of Sponsor: _____

“INCOME AND EXPENSE” (Self Monitoring Form)

Agreement # _____

REIMBURSEMENT RECEIVED FOR MONTH OF:	MONTHLY EXPENSES	MILK	CARRYOVER	CUMULATIVE BALANCE
\$ _____ Cumulative \$ _____ Reimbursement \$ _____	:CUMULATIVE BALANCE FROM PRIOR FISCAL YEAR IF APPLICABLE			
NOVEMBER- \$ _____	REIMBURSABLE EXPENCES: FOODS : \$ _____ NON-FOOD: \$ _____ SALARIES: \$ _____ EQUIPMENT: \$ _____ TOTAL: \$ _____ % SPENT ON FOOD: _____ %	AMOUNT OF MILK PURCHASED _____	\$ _____	\$ _____
DECEMBER- \$ _____	REIMBURSABLE EXPENCES: FOODS : \$ _____ NON-FOOD: \$ _____ SALARIES: \$ _____ EQUIPMENT: \$ _____ TOTAL: \$ _____ % SPENT ON FOOD: _____ %	AMOUNT OF MILK PURCHASED _____	\$ _____	\$ _____
JANUARY- \$ _____	REIMBURSABLE EXPENCES: FOODS : \$ _____ NON-FOOD: \$ _____ SALARIES: \$ _____ EQUIPMENT: \$ _____ TOTAL: \$ _____ % SPENT ON FOOD: _____ %	AMOUNT OF MILK PURCHASED _____	\$ _____	\$ _____
FEBRUARY- \$ _____	REIMBURSABLE EXPENCES: FOODS : \$ _____ NON-FOOD: \$ _____ SALARIES: \$ _____ EQUIPMENT: \$ _____ TOTAL: \$ _____ % SPENT ON FOOD: _____ %	AMOUNT OF MILK PURCHASED _____	\$ _____	\$ _____
MARCH- \$ _____	REIMBURSABLE EXPENCES: FOODS : \$ _____ NON-FOOD: \$ _____ SALARIES: \$ _____ EQUIPMENT: \$ _____ TOTAL: \$ _____ % SPENT ON FOOD: _____ %	AMOUNT OF MILK PURCHASED _____	\$ _____	\$ _____

FISCAL YEAR _____

Name of Sponsor: _____

“INCOME AND EXPENSE” (Self Monitoring Form)

Agreement # _____

REIMBURSEMENT RECEIVED FOR MONTH OF:	MONTHLY EXPENSES	MILK	CARRYOVER	CUMULATIVE BALANCE
<p>APRIL-</p> <p>\$ _____</p>	<p>REIMBURSABLE EXPENCES:</p> <p>FOODS : \$ _____</p> <p>NON-FOOD: \$ _____</p> <p>SALARIES: \$ _____</p> <p>EQUIPMENT: \$ _____</p> <p>TOTAL: \$ _____</p> <p>% SPENT ON FOOD: _____ %</p>	<p>AMOUNT OF MILK PURCHASED</p> <p>_____</p>	<p>\$ _____</p>	<p>\$ _____</p>
<p>MAY-</p> <p>\$ _____</p>	<p>REIMBURSABLE EXPENCES:</p> <p>FOODS : \$ _____</p> <p>NON-FOOD: \$ _____</p> <p>SALARIES: \$ _____</p> <p>EQUIPMENT: \$ _____</p> <p>TOTAL: \$ _____</p> <p>% SPENT ON FOOD: _____ %</p>	<p>AMOUNT OF MILK PURCHASED</p> <p>_____</p>	<p>\$ _____</p>	<p>\$ _____</p>
<p>JUNE-</p> <p>\$ _____</p>	<p>REIMBURSABLE EXPENCES:</p> <p>FOODS : \$ _____</p> <p>NON-FOOD: \$ _____</p> <p>SALARIES: \$ _____</p> <p>EQUIPMENT: \$ _____</p> <p>TOTAL: \$ _____</p> <p>% SPENT ON FOOD: _____ %</p>	<p>AMOUNT OF MILK PURCHASED</p> <p>_____</p>	<p>\$ _____</p>	<p>\$ _____</p>
<p>JULY-</p> <p>\$ _____</p>	<p>REIMBURSABLE EXPENCES:</p> <p>FOODS : \$ _____</p> <p>NON-FOOD: \$ _____</p> <p>SALARIES: \$ _____</p> <p>EQUIPMENT: \$ _____</p> <p>TOTAL: \$ _____</p> <p>% SPENT ON FOOD: _____ %</p>	<p>AMOUNT OF MILK PURCHASED</p> <p>_____</p>	<p>\$ _____</p>	<p>\$ _____</p>
<p>AUGUST-</p> <p>\$ _____</p>	<p>REIMBURSABLE EXPENCES:</p> <p>FOODS : \$ _____</p> <p>NON-FOOD: \$ _____</p> <p>SALARIES: \$ _____</p> <p>EQUIPMENT: \$ _____</p> <p>TOTAL: \$ _____</p> <p>% SPENT ON FOOD: _____ %</p>	<p>AMOUNT OF MILK PURCHASED</p> <p>_____</p>	<p>\$ _____</p>	<p>\$ _____</p>
<p>SEPTEMBER-</p> <p>\$ _____</p>	<p>REIMBURSABLE EXPENCES:</p> <p>FOODS : \$ _____</p> <p>NON-FOOD: \$ _____</p> <p>SALARIES: \$ _____</p> <p>EQUIPMENT: \$ _____</p> <p>TOTAL: \$ _____</p> <p>% SPENT ON FOOD: _____ %</p>	<p>AMOUNT OF MILK PURCHASED</p> <p>_____</p>	<p>\$ _____</p>	<p>\$ _____</p>