



Monthly Financial Report (Food Program)

Center Name _____

Month/YR _____

Food \$ _____ Non-Food items \$ _____

Salary/Wages \$ _____

Number Gallons of Milk _____

Number Gallons of Milk Donated _____

Note: Centers licensed for 50 and under can only accept 5 Gallons of milk per month. Centers licensed over 50 or more can only accept 10 Gallons of milk per month. If your center accepts milk donations you must submit the milk donation receipts. If the milk is donated to children 2 and older it must be 1% milk or less milk. If donated to children under the age of 2, it must be whole milk. All milk donation receipts must include the following elements on donation receipts:

- Name of donor (First and Last Name)
- Address of the donor
- Contact information- cell or work #
- Number of milks donated
- Value of the milk (estimated cost)
- Donor signature

Reimbursement Payment \$ _____ (Record Previous Month Payment)

Total Monthly Expenses \$ _____ (Add Food, Non-Food, and Salary/Wages)

This form is due by the 2nd of each month. You may email or mail to our office.