

COMPLETE ONLY ONCE EACH YEAR ON SEPTEMBER 30<sup>TH</sup> at the close of the current fiscal year . DOCUMENT FOOD ITEMS PURCHASED WITH CACFP FUNDS DURING THE CURRENT FISCAL YEAR, BUT NOT USED BY SEPTEMBER 30<sup>TH</sup>. Please list only unopened items.

DESCRIPTION OF FOOD ITEM	UNIT PRICE	NUMBER ON HAND	VALUE OF REMAINING FOOD ITEMS

SIGNATURE OF PERSON COMPLETING INVENTORY \_\_\_\_\_ DATE: \_\_\_\_\_

*Keep on File*

**NON-FOOD INVENTORY FOR THE PROGRAM YEAR ENDED SEPTEMBER 30, 20\_\_\_\_\_.**

**Page \_\_\_\_ of \_\_\_\_**

**COMPLETE ONLY ONCE EACH YEAR ON SEPTEMBER 30<sup>TH</sup> at the close of the current fiscal year . DOCUMENT NON- FOOD ITEMS PURCHASED WITH CACFP FUNDS DURING THE CURRENT FISCAL YEAR, BUT NOT USED BY SEPTEMBER 30<sup>TH</sup>.**

**Please list only unopened items.**

DESCRIPTION OF NON-FOOD ITEM	UNIT PRICE	NUMBER ON HAND	VALUE OF REMAINING NON FOOD ITEMS

**SIGNATURE OF PERSON COMPLETING INVENTORY\_\_\_\_\_**

**DATE: \_\_\_\_\_**

*Keep on File*

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)  
ANNUAL RECONCILIATION OF FOOD PURCHASED TO FOOD USED**

**(Document Food Costs Monthly)**

**Name of Center or Sponsor:** \_\_\_\_\_ **CACFP#:** \_\_\_\_\_

**I.** Value of food inventory as of 9/30/\_\_\_\_\_(Carried over from prior fiscal year)    \$ \_\_\_\_\_

↓

(must be supported by an inventory record) \_\_\_\_\_ + \_\_\_\_\_

**II.** PLUS the cost of food purchased from Oct 1, 200 \_\_\_\_ (year) to September 30, 200 \_\_\_\_ (during current fiscal year)

Keep track of monthly food cost for fiscal year. All FOOD COSTS must be supported by purchase receipts and menus. Purchase receipts must have the following information:

1. Name of food item
2. Date of purchase
3. A description of the purchase unit
4. The number of units purchased
5. The gross price per unit
6. Any price reductions
7. The net price

**DOCUMENT  
FOOD COSTS ONLY  
EACH MONTH:**

<b>October</b>	\$ _____
	+
<b>November</b>	\$ _____
	+
<b>December</b>	\$ _____
	+
<b>January</b>	\$ _____
	+
<b>February</b>	\$ _____
	+
<b>March</b>	\$ _____
	+
<b>April</b>	\$ _____
	+
<b>May</b>	\$ _____
	+
<b>June</b>	\$ _____
	+
<b>July</b>	\$ _____
	+
<b>August</b>	\$ _____
	+
<b>September</b>	\$ _____

**III. TOTAL FOOD COSTS BASED ON OCTOBER  
THROUGH SEPTEMBER RECEIPTS (FROM PART II ABOVE)**    \$ \_\_\_\_\_

**IV. MINUS: Spoilage or Damages (during current fiscal year)**    \$ \_\_\_\_\_

**V. MINUS: Value of Food Inventory to be carried over to the next fiscal year**    \$ \_\_\_\_\_

**VI. TOTAL COST OF FOOD USED FOR THE FY 200 \_\_\_\_ (year)**    \$ \_\_\_\_\_

**VII. Signature of Person Completing form:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Keep on File*