### Food/Non-Food Cost Worksheet

Use this form to document and organize costs submitted on the monthly CACFP claim and to record the amount of milk purchased on each receipt. If self-preparing any meals or snacks, use the monthly forms provided in the annual inventory packet to record and determine costs for October and September.

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| --- | --- | --- | --- | --- | --- | --- |
| **OHIO**  **CACFP** | YEAR: \_\_\_\_\_\_\_\_\_\_ | **CIRCLE CLAIM MONTH:**  NOV DEC JAN FEB MAR  APR MAY JUN JULY AUG | | **Number gallons**  **of milk purchased on receipt** | | |
| RECEIPT  DATE | NAME OF COMPANY PURCHASED  FOOD/NON-FOOD ITEMS FROM | RECEIPT TOTAL FOR ALLOWABLE FOOD ITEMS | RECEIPT TOTAL  FOR ALLOWABLE NON-FOOD  ITEMS | Whole milk  (1 yr. olds) | Skim milk  (2 yrs. of age and older) | 1% milk  (2 yrs. of age and older) |
| 9/4/16 | Example – Giant Eagle | Example: $276.95 | Example $89.75 | ex. 3 | ex. 12 | ex. 0 |
|  |  | +$ | +$ |  |  |  |
|  |  | +$ | +$ |  |  |  |
|  |  | +$ | +$ |  |  |  |
|  |  | +$ | +$ |  |  |  |
|  |  | +$ | +$ |  |  |  |
|  |  | +$ | +$ |  |  |  |
|  |  | +$ | +$ |  |  |  |
|  |  | +$ | +$ |  |  |  |
|  |  | +$ | +$ |  |  |  |
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|  |  | +$ | +$ |  |  |  |
|  |  | +$ | +$ |  |  |  |
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|  |  | +$ | +$ |  |  |  |
|  |  | +$ | +$ |  |  |  |
|  |  | +$ | +$ |  |  |  |
|  |  | +$ | +$ |  |  |  |
|  |  | +$ | +$ |  |  |  |
|  |  | +$ | +$ |  |  |  |
| TOTAL OF ALL MONTHLY RECEIPTS EQUAL= ACTUAL COST FOR CLAIM MONTH | | =$\* | =$\*\* | **\*\*\* TOTAL GALLONS** | | |
|  |  |  |
|  | | | | | | |

\* Report total on the CACFP online sponsor claim form under Claim Cost Details, Operating Expenses, Food

\*\* Report total on the CACFP online sponsor claim form under Claim cost Details, Operating Expenses, Non-Food

\*\*\* If purchasing milk in 4 or 8 oz. cartons, convert to total ounces then divide by 128 to get total gallons.

For example: 200, 8 oz. cartons purchased: 200 x 8 oz. = 1600 oz. divided by 128 oz. = 12.5 gallons

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