

# 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.

OHIO CACFP	NAME OF CENTER: _____  YEAR: _____	CIRCLE CLAIM MONTH:					Number gallons of milk purchased per receipt		
		NOV	DEC	JAN	FEB	MAR	Whole milk (1 yr. olds)	Sub-stitute Milk *	1% / skim milk (2 yrs. of age and older)
RECEIPT DATE	VENDOR	Allowable Food Items	Allowable Supplies/Non-food						
		+ \$	+ \$						
		+ \$	+ \$						
		+ \$	+ \$						
		+ \$	+ \$						
		+ \$	+ \$						
		+ \$	+ \$						
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		+ \$	+ \$						
		+ \$	+ \$						
		+ \$	+ \$						
		+ \$	+ \$						
		+ \$	+ \$						
TOTAL of all approved expenses		= \$	= \$	<b>TOTAL GALLONS</b>					

\* **Substitute Milk** is acceptable only if a child has a *Fluid Milk Substitution Form* on file.

**Enter milk in Gallons.**  
 128 oz. = 1 gallon. 96 oz. = .75 gal. 64 oz. = .50 gal.  
 16 oz. = 1 pint. 8 Pints = 1 gal.