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:** _____	**CLAIM MONTH:** January (Use *Annual Inventory* Claim form in Sept & Oct.)		**Number gallons of milk purchased per receipt**		
RECEIPT DATE	VENDOR	Allowable Food Items	Allowable Supplies/Non-food	Whole milk (1 yr. olds)	Sub-stitute Milk *	1% / skim milk (2 yrs. of age and older)
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		+$	+$			
		+$	+$			
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		+$	+$			
		+$	+$			
TOTAL of all approved expenses		=$ 0	=$ 0	**TOTAL GALLONS**		
				0	0	0

* **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.

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