

MONTHLY MILK INVENTORY

CENTER NAME: _____

MONTH OF: _____

DATE PURCHASED	AMOUNT PURCHASED	DATE USED	BREAKFAST	LUNCH	SNACK	KITCHEN USE	TOTAL
TOTAL PURCHASED						TOTAL USED	

AMOUNT REMAINING FROM LAST MONTH _____ add to amount purchased
TOTAL AMOUNT PURCHASED FOR MONTH _____ + _____ = _____
TOTAL AMOUNT USED FOR MONTH _____ subtract from total above
TOTAL AMOUNT REMAINING AT END OF MONTH _____ (carry over to next month)

SIGNATURE _____ **DATE** _____