

Child and Adult Care Food Program (CACFP)

Annual Reconciliation of Food Purchased to Food Used

Name of Center or Sponsor: _____

CACFP #: _____

- I. Value of food inventory as of 9/30/20____ (year)
 (Carried over from prior fiscal year)
(Must be supported by an inventory record)
 \$ _____

- II. **PLUS** the cost of food purchased from
 10/1/20____ (year) to 09/30/20____ (year)
 (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. Description of the purchase unit
4. Number of units purchased
5. Gross price per unit
6. Any price reductions
7. Net Price

- 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 20____ (year)

Food Costs:	
October	\$ _____
	+
November	\$ _____
	+
December	\$ _____
	+
January	\$ _____
	+
February	\$ _____
	+
March	\$ _____
	+
April	\$ _____
	+
May	\$ _____
	+
June	\$ _____
	+
July	\$ _____
	+
August	\$ _____
	+
September	\$ _____
	=
Total	\$ _____
	-
Minus Spoil	\$ _____
	-
Minus Value	\$ _____
	=
Total Cost	\$ _____

VII. Signature of person completing form: _____

Date: _____