

Center: _____ Date: _____

Monthly Milk Calculation

A. Previous Month Carryover (Whole Gallons Only) _____

B. How many meals were served? _____

C. How many fluid ounces of milk are required? _____

For 3-5 year olds, multiply total meals in (B) by 6 fluid ounces

D. How many gallons of milk are required? _____

Divide required fluid ounces (C) by 128 ounces

There are 128 ounces in one gallon.

E. Total gallons of milk purchased? _____

Verify milk purchased by original food receipts in current month

F. Add Carryover from previous month (Whole Gallons Only) A _____ + E _____ = G _____

H. Subtract Waste (Whole Gallons Only) G _____ - Waste _____ = I _____

I. Total Milk on hand for Month (Whole Gallons Only) I _____

J. Compare (D) and (I). Milk total in (E) must be equal to D _____

or greater than milk required in (D). E _____

_____ If milk purchased in (E) is equal to or greater than milk required,

Then Center is in compliance with the minimum milk purchase.

_____ If the minimum milk purchase requirement is not met, CACFP

Will determine how much money need to be repaid.

Milk Purchases				
Week 1-	Week 2-	Week 3-	Week 4-	Week 5-
Waste Milk				
Week 1-	Week 2-	Week 3-	Week 4-	Week 5-

One gallon of milk contains 128 ounces or 22x6 ounces servings

Center Cook Signature: _____ **Date:** _____

Lead Cook Signature: _____ **Date:** _____