



Wisconsin Department of Public Instruction  
**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**  
**QUARTERLY FINANCIAL REPORT WORKSHEET**  
**SPONSORING ORGANIZATIONS OF UNAFFILIATED SITES**

**INSTRUCTIONS:** This document is intended to be used as a worksheet for sponsors to enter figures into the online system. This document is not an official record. Please ensure all data is accurately recorded and submitted in Online Services.

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**FOR FISCAL QUARTER** *Check one*

October 1-December 31

April 1-June 30

Year 20

January 1-March 31

July 1-September 30

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Name of Sponsoring Agency

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Name and Title of Person Completing Report

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	<b>PROGRAM INCOME</b>	
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**A. CACFP Income**

1. Net income carried forward from prior fiscal quarter \_\_\_\_\_
2. Federal meal reimbursement earned this quarter under the Child and Adult Care Food Program \_\_\_\_\_
3. Federal cash in lieu earned this quarter under the Child and Adult Care Food Program \_\_\_\_\_
4. Income received this quarter from children and adults as payment for meals served \_\_\_\_\_

**B. Other Non CACFP Income used to supplement the CACFP (*Specify Below*)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**C. TOTAL FOOD SERVICE INCOME** *Lines A + B* \_\_\_\_\_

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**QUARTERLY ADMINISTRATIVE/OPERATIONAL  
FOOD SERVICE PROGRAM EXPENSES**

**Quarterly Administrative Costs**

<b>D. Administrative Salaries and Benefits</b>	
1. Total Administrative Salaries and Required Employer Taxes	
2. Total Administrative Benefits	
<b>D.Total Administrative Salaries and Benefits (D1 + D2)</b>	

<b>E. Administrative Expenses</b>	
1. General Office Supply Expense	
2. Contracted Services	
3. Equipment Rental/Lease Expense	
4. Travel Expense	
5. Training Expense	
6. Miscellaneous Admin. Expense	
<i>Specify:</i>	
<b>E. Total Administrative Expenses (Lines E1 thru E6)</b>	

<b>F.Total Administrative Expenses, Salaries, Benefits (Lines D + E)</b>	
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<b>Edit Check:</b>	
15% of CACFP Meal Reimbursement (Line A2x15%)	
Is this amount higher than Line F (Yes/No)?	
If No, Why? <i>Explain below:</i>	

**Quarterly Operational Costs**

<b>G. Operational Salaries and Benefits</b>	
1. Total Operational Salaries & Required Employer Taxes	
2. Total Operational Benefits	
<b>G. Total Operational Salaries and Benefits (G1 + G2)</b>	

<b>H. Operational Expenses</b>	
1. Total Food Supplies (H1a +H1b)	
a. Affiliated Food Supplies	
b. Reimb. Passed Through to Unaffiliated Sites	
2. Total Nonfood Supplies	
3. Equipment Purchased \$10,000 and over	
4. Equipment Purchased Under \$10,000	
5. Office Supply Equipment	
6. Rent Expense	
7. Utilities Expense	
8. Contracted Services	
9. Equipment Rental/Lease Expense	
10. Training/Travel Expense	
11. Miscellaneous Operational Expense	
<i>Specify:</i>	
<b>H. Total Operational Expenses (Lines H1 thru H11)</b>	

<b>I. Total Operational Expenses, Salaries, Benefits (Lines G+H)</b>	
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<b>J.Total Administrative and Operational Cost (Lines F+I)</b>	
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<b>K. Nonprofit Food Service Program Income (Line C - Line J)</b>	
If line K is greater than line C, enter 0)	