



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

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.

FOR FISCAL QUARTER *Check one*

October 1-December 31

April 1-June 30

Year 20

January 1-March 31

July 1-September 30

Name of Sponsoring Agency

Name and Title of Person Completing Report

PROGRAM INCOME

A. Federal reimbursement received this quarter under the Child and Adult Care Food Program *Specify below.*

1. Administrative Reimbursement _____

2. Administrative Funds Carried Over from Prior Quarter _____

B. Other Food Program Income received this quarter *Specify below.*

1. Food Service Interest Income _____

2. _____

2. _____

4. _____

C. **TOTAL FOOD PROGRAM INCOME LINES A + B** _____

QUARTERLY ADMINISTRATIVE EXPENSES

D. Administrative Labor	
1. Total Administrative Salaries and Required Employer Taxes	
2. Total Benefits	
D. Total Administrative Labor (D1+D2)	
E. Administrative Supplies	
1. Equipment Purchased—\$10,000 and over	
2. Equipment Purchased—under \$10,000	
3. Office Supply Expense	
4. Educational Supply Expense	
5. Printing Expense	
6. Postage Expense	
E. Total Administrative Supplies (Total of Lines E1 thru E6)	
F. Administrative Expenses	
1. Office Rent Expense	
2. Utilities Expense	
3. Insurance Expense	
4. Contracted Services Expense	
5. Equipment Rental/Lease Expense	
6. Telephone Expense	
7. Advertising Expense	
8. Dues, Subscription, or Membership	
9. Other Administrative Expense	
Specify: <input type="text"/>	
F. Total Administrative Expenses (Total of Lines F1 thru F9)	

G. Travel Expense	
1. Program Operations Travel Expense	
2. In State Travel Expense	
3. Out of State Travel Expense	
G. Total Travel Expense (Lines G1 thru G3)	
H. Training Expenses	
1. Provider Training Expense	
2. Staff Training Expense	
H. Total Training Expense (Lines H1+H2)	
I. Total Administrative Costs (Lines D+E+F+G+H)	
J. Total CACFP Carryover (Line A1 – I) <i>This amount must be carried over to next quarter</i>	
K. Total Food Service Program Income (Line C – I)	
L. Total Provider Meal Reimbursement Paid this Quarter	