

SUMMER FOOD SERVICE PROGRAM (SFSP) ADMINISTRATIVE EXPENDITURES WORKSHEET

SPONSORING ORGANIZATION: _____ MONTH: _____ VERIFIED BY: _____

(1) Vendor	(2) Date on Invoice	(3) Invoice Number	(4) Check Number	(5) Administrative Salaries, Taxes & Benefits \$	(6) Office Supplies/ Copying \$	(7) Telephone/ Postage \$	(8) Outreach/ Advertising \$	(9) Mileage for Monitor/ Training \$	(10) Other Allowable Items \$	(11) TOTAL \$
TOTALS				\$	\$	\$	\$	\$	\$	\$