

SUMMER FOOD SERVICE PROGRAM (SFSP) OPERATIONAL EXPENDITURES WORKSHEET

SPONSORING ORGANIZATION: _____ MONTH: _____ VERIFIED BY: _____

(1) Vendor	(2) Date on Invoice	(3) Invoice Number	(4) Check Number	(5) Kitchen/Site Payroll, Taxes & Benefits \$	(6) Food \$	(7) Non-Food Supplies & Ice \$	(8) Mileage for Food Transport \$	(9) Other Allowable Items \$	(10) TOTALS \$
TOTALS				\$	\$	\$	\$	\$	\$