

South Carolina Department of Social Services  
 Child and Adult Care Food Program  
 Summary of Expense YTD Reconciliation Sheet—Independent

|                          |   |
|--------------------------|---|
| <b>Institution Name:</b> | <b>Prior Year Reimbursement Balance</b> |
| <b>Agreement Number:</b> | <b>Program Year:</b>                    |

| Month     | 1.<br>Food | 2.<br>Supplies | 3.<br>Salaries | 4.<br>Other Costs | Total Costs | Reimbursement | Other Income | Balance<br>(Reimbursement +<br>Other Income minus<br>Total Costs) |
|-----------|------------|----------------|----------------|-------------------|-------------|---------------|--------------|---|
| October   |            |                |                |                   |             |               |              |   |
| November  |            |                |                |                   |             |               |              |   |
| December  |            |                |                |                   |             |               |              |   |
| January   |            |                |                |                   |             |               |              |   |
| February  |            |                |                |                   |             |               |              |   |
| March     |            |                |                |                   |             |               |              |   |
| April     |            |                |                |                   |             |               |              |   |
| May       |            |                |                |                   |             |               |              |   |
| June      |            |                |                |                   |             |               |              |   |
| July      |            |                |                |                   |             |               |              |   |
| August    |            |                |                |                   |             |               |              |   |
| September |            |                |                |                   |             |               |              |   |

|                |  |  |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|--|--|
| <b>Totals:</b> |  |  |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|--|--|

## Summary of Expense YTD Reconciliation Sheet Instruction

The Summary of Expense YTD Reconciliation Sheet is used to summarize the monthly totals for cost, reimbursement and other income for the Child and Adult Care Food Program (CACFP) for a program year. Cost figures will be taken from the completed monthly summary of expense forms. For this form to be properly documented it must include the following:

| Column                           | Description/Instructions  |
|----------------------------------|---|
| Institution Name                 | Enter the name of the organization.   |
| Agreement Number                 | Enter your organization's CACFP agreement number. This is the alpha-numeric tracking number assigned by the Child and Adult Care Food Program, (for example CC56025, AC00001, AR20005, ES00017)   |
| Program Year                     | Enter the program year for information included on the YTD Reconciliation Sheet. For example, 2011-2012 for October 2011 through September 2012   |
| Prior Year Reimbursement Balance | Enter your organization's ending food service balance for the previous program year. The amount is brought forth from the prior year's YTD Reconciliation and represents the balance in the CACFP fund account, the number may be positive (unused funds remaining) or negative number. |
| Food                             | Enter the total cost of food purchased for the month.   |
| Supplies                         | Enter the total cost of non-food supplies necessary to prepare and serve meals and clean the kitchen/dining area for the month.   |
| Salaries                         | Enter the total salaries and wages paid for staff time spent on CACFP duties. Include the appropriate employer's portion of FICA and other payroll taxes for the month.   |
| Other Costs                      | Enter the total of any other allowable program costs that are not listed in columns 1, 2, or 3 for the month.   |
| Total Cost                       | Enter the total cost of the goods or services purchased for the month. This will be a total of columns 1, 2, 3 and 4.   |
| Reimbursement                    | Enter the CACFP reimbursement received for the month. This figure is taken from the CACFP remittance.   |
| Other Income                     | Enter all income, other than the CACFP reimbursement, you have designated for the operation of your organization's food service. This will include grants, income from the sale of food or meals to adults, other income applied to food service operations, etc.                       |
| Balance                          | Add "Reimbursement" plus "Other Income" minus "Total Costs" for the month.  |
| Totals                           | Add the numbers in each column. When adding the number in the Balance column include the number for Prior Year Reimbursement Balance.   |