

**SOUTH CAROLINA
DEPARTMENT OF SOCIAL SERVICES
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**

MILK INVENTORY

SPONSOR _____

FACILITY _____ **MONTH** _____ **YEAR** _____

A. Inventory at BEGINNING of Month? _____

B. How Much Milk was Received During Month? _____

C. Total AVAILABLE During Month? _____

D. Inventory at END of Month? _____

E. TOTAL USED During Month? (C - D = E) _____

PREPARED BY _____

TITLE _____

DIRECTOR'S SIGNATURE _____

DATE _____