

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

Institution Name:							Agreement Number		
							Month		Year
							Date MM/DD/YY	Payee/Vendor	Form of Payment (Check #, Credit or Debit Card, Cash)
<b>Totals:</b>									

## Summary of Expense Instruction

The Summary of Expense form is used to keep a monthly record of all expenditures incurred to operate the Child and Adult Care Food Program (CACFP). All costs included on this form must be included in the approved CACFP budget. This PDF Summary of Expense Form will automatically calculate the column and row totals. 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)
Month and Year	Enter the current month and year for which the expenses will reflect.
Date	Enter the actual date of each transaction. This date should agree with the check date or receipt date, if this was a cash transaction.
Payee/Vendor	Enter the name of the store, vendor or company from which the goods or service were purchased.
Form of Payment	Enter the form of payment used, (i.e., credit card, debit card or cash) for each transaction. If paying by check enter the number used for the transaction.
Food	Enter the cost of food purchased (including tax).
Supplies	Enter the cost of non-food supplies necessary to prepare and serve meals and clean the kitchen/dining area. These items may include but are not limited to napkins, straws, dishwashing detergents, small equipment, and kitchen utensils. (Appropriate taxes paid should be included with the cost.)
Salary	Enter the cost of salaries and wages paid for staff time spent on CACFP duties. Include the employer's portion of FICA and other payroll taxes. (Use time sheets to show hours worked, duties performed and wages paid.)
Other Costs	Enter other allowable program costs that are not listed in the columns labeled 1, 2, or 3. This may include applicable food service cost for pest control, utilities, equipment purchases, office supplies, etc.
Description	Enter a brief description of the item or service purchased from the payee/vendor
Total	Enter the total cost of the items or services purchased. (This amount is the total of columns labeled 1, 2, 3 and 4. should agree with the check amount. This total will not always agree with the check amount.)