

Cash Receipts-Expenditures Log

Date	Item Entry Vendor or Payee	Check # (Receipt must be attached)	Cash Receipt # (must be signed by Payee) (Receipt must be attached)	Cost of Food	Cost of Milk	Administrative Labor (Must have time sheet w/ time in & time out to match)	Operational Labor (Must have time sheet w/time in & out to match)	Payroll Taxes & Workman Com Ins.	Non Food Supplies	Rental of facility	Rental of Equipment

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal civil or administrative penalties for fraud, false statements, false claims, or otherwise.

Employee’s Signature_____ Date _____