

Cash Expenditures Log

Date	Item Entry Vendor or Payee	Cash Receipt # (Must have receipts from vendor or Payee to match this log)	Purpose of the cash withdrawal	Cost of Food	Cost of Milk	Non Food Supplies

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 \_\_\_\_\_