MILK RECONCILIATION

Date: _____

Center Name:_____ Sponsor Name: _____

Month/Year_____ Sponsor CACFP Agreement #:_____

Date	Breakfast			AM Snack			Lunch			PM Snack			Supper			Notes
	1-2	3-5	6-12	1-2	3-5	6-12	1-2	3-5	6-12	1-2	3-5	6-12	1-2	3-5	6-12	
1																**Total Gallons Available**
2																
3																
4																***Meals Claimed/Verified***
5																**Breakfast**
6																
7																**AM Snack**
8																
9																**Lunch**
10																
11																**PM Snack**
12																
13																**Supper**
14																
15																**Notes**
16																
17																
18																
19																
20																
21																
22																
23																**Breakfast**
24																**% #**
25																**AM Snack**
26																**% #**
27																**Lunch**
28																**% #**
29																**PM Snack**
30																**% #**
31																**Supper**
Total																**% #**
Times	**4 ozs**	**6 ozs.**	**8 ozs.**	**4 ozs.**		**8 ozs.**	**4 ozs.**	**6 ozs.**	**8 ozs.**	**4 ozs.**		**8 ozs.**	**4 ozs.**	**6 ozs.**	**8 ozs.**	**Total Gallons Needed**
Total Ozs.																

A)_____ Total ozs. Required (B)_____Total ozs. Purchased

(A) – (B) = (C)_____Divided by (A) = % of each meal services listed above to be disallowed_____% Short