

### Child and Adult Care Food Program Sponsoring Organization Financial Report

Institution Information			
Institution Name	Agreement Number	Claim Month/Year	Amendment Number

Application of CACFP Funds During the Month	
Administrative Expenditures	
Operating Costs	
Food	
Travel	
Equipment Depreciation (for purchases over \$5000)	
Other	
<b>Total</b>	

**I CERTIFY THAT** this claim is true and correct; that it is in accordance with the terms of existing Agreement(s); that records are available to support this claim; and that payment has not been previously received. I further understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes.

**Sign Here ►**

Keep copy for your records

\_\_\_\_\_

Signature of Authorized Representative

\_\_\_\_\_

Date of Preparation

\_\_\_\_\_

Printed Name of Authorized Representative

\_\_\_\_\_

Contact Phone Number