

Sponsoring Agency Name: _____

LEA Code: _____ - _____ - _____

Report Period: _____

For Non-Public Schools Only
National School Lunch/School Breakfast Cash Resources Report

1. Beginning Cash Resources 2. Prior Year Adjustments (specify) _____ _____ 3. Adjusted Beginning Cash Resources REVENUES 4. Sale of Reimbursable Meals a. Breakfast _____ b. Lunch _____ c. Milk _____ TOTAL _____ 5. Reimbursement (Accrued) State Federal a. Breakfast _____ b. Lunch _____ c. Milk _____ d. Snack _____ Subtotal _____ TOTAL (State + Federal) _____ 6. Other Sales _____ 7. Other Income _____ 8. Interfund Transfers Received _____ 9. Total Years Revenue (4+5+6+7+8) _____ 10. Total – All Revenues (3+9) _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____	EXPENSES 11. a. Food Purchased _____ b. Rebates Received _____ TOTAL (a - b) _____ 12. Labor Costs a. Salaries _____ b. Fringe Benefits _____ TOTAL _____ 13. Materials/Supplies Purchased _____ 14. Interfund Transfers Paid (Identify) _____ 15. Other Expenses a. Warehousing _____ b. All Other _____ TOTAL _____ 16. Contractual Expenses a. Administrative service fee (to be completed by both Type I and II schools) _____ b. All other Mgt. Co. Expenses _____ TOTAL _____ 17. Total Years Expenses (11+12+13+14+15+16) _____ 18. Ending Cash Resources (10 – 17) ----- 19. a. Value of Donated Food Received _____ b. Value of Donated Food Used _____ 20. Outstanding Loans Owed _____	11. _____ 12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ ----- 19a. _____ 19b. _____ 20. _____
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Certification: I certify to the best of my knowledge and belief that this ANALYSIS OF CASH RESOURCES REPORT is true and correct in all respects; that the operation of the program(s) was in accordance with the terms of the existing agreement(s) as amended; and that invoices and other pertinent records as required by the agreement(s) are on file to substantiate this report.

AUTHORIZED REPRESENTATIVE OF SPONSOR:

SIGNATURE: _____ **Title:** _____ **Date Submitted:** _____

Submit one copy to BARBARA ST. LOUIS, Child Nutrition Program Administration, Room 55, Albany, NY 12234-0055. Keep one copy for school's file.
 Be sure to include your agency information at the top of this page.