**WEEKLY FOOD ALLOTMENT RECEIPTS FORM**  

Site/Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Policy: Staff will keep accurate records of food allotment and receipts. Reference HSPPS 1302.44 (b)**

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| Monthly Allocations | Breakfast $ \_\_\_\_\_\_\_\_ | | AM Snack $ \_\_\_\_\_\_\_\_ | | Lunch $ \_\_\_\_\_\_\_\_\_ | | PM Snack $ \_\_\_\_\_\_\_\_ | | $20.00 Monthly Food  Experience |
|  | Expense Balance | | Expense Balance | | Expense Balance | | Expense Balance | | Expense |
| Date: |  |  |  |  |  |  |  |  |  |
| Vendor: |
| Receipt Amt: |
| Date: |  |  |  |  |  |  |  |  |  |
| Vendor: |
| Receipt Amt: |
| Date: |  |  |  |  |  |  |  |  |  |
| Vendor: |
| Receipt Amt: |
| Date: |  |  |  |  |  |  |  |  |  |
| Vendor: |
| Receipt Amt: |
| Date: |  |  |  |  |  |  |  |  |  |
| Vendor: |
| Receipt Amt: |
|  |  |  |  |  |  |  |  |  |  |
| Nutrition Forms |  |  |  |  |  | Expense | Expense | Expense | Expense |
| CACFP Request for Special Dietary Needs Accommodations | | | | | |  |  |  |  |
| Fluid Milk Substitute Nutrient Verification | | | | | |  |  |  |  |
| Parent Request to Provide Food and Parent Choices | | | | | |  |  |  |  |

**WEEKLY FOOD ALLOTMENT RECEIPTS GUIDANCE**

**Procedure:**

* On a blank area of the receipt write the reason for the purchase (breakfast, lunch, snack, food experience and/or any special dietary needs), the name of the center for which the items were purchased, the the initials of the child requiring Special Dietary Needs Accommodations and **the date the receipt is submitted to the Business Office.**
* To verify purchases, there must be two staff initials on each receipt.
* If possible, group breakfast, lunch, snack, etc., items together as the cashier is scanning your order.
* Do not use a highlighter or cross out any items on the receipt.
* **All receipts must be scanned/emailed to the** [**businessoffice@nmcaa.net**](mailto:businessoffice@nmcaa.net) **as purchases are made.**

**CC your supervisor.**

* **Write the date, name of the store and the center location in the subject line before emailing. Example: 010120 Walmart Marty Paul.**
* Receipts for the same vendor must be emailed in one attachment and scanned in the same direction.
* A copy of the Weekly Food Allotment Form and the original receipts must be kept in the receipt binder at the center.
* Send the Weekly Food Allotment Receipts Form to your supervisor at the end of the month following What’s Due When requirements. **Do not send to the allotment form to the Business Office.**
* Purchases made with personal funds must be submitted on your expense report, with receipts attached, to your supervisor for reimbursement approval. **Do not send to the Business Office.**

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| **HOW TO CALCULATE FOOD ALLOTMENTS**  Supplies: a simple calculator, a calendar, the formula below, pen and paper.  The formula for one month:  (# of children) times (number of days in session that  month) times (the amount for meal or snack)  The amount for one:  Breakfast is $1.84 per child.  Lunch is $3.41 per child.  Snack is $0.94 per child.    Sample calculations:    18 children in session for 18 days with snacks would be:    18x18x $0.94= $304.56  or for a week of 4 days 18x4x $0.94=$67.68    To calculate a lunch:    18 children in session 15 days for lunch:    18x15x $3.41=$920.70  If you have any questions regarding calculations, please contact Program Support.  Education staff can spend up to $20.00 monthly for food experience opportunities in the classroom. Document purchase on the Weekly Food Allotment Form and follow the procedure for submitting receipts to the Business Office. |

Distribution: Scan/email receipts to the Business Office, CC Supervisor. Scan/email Weekly Food Allotment Receipts Form to your supervisor at the end of the month following the What’s Due When requirements.

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