## PROGRAM EXPENDITURES WORKSHEET

| Center: | Month | Yea |  |
|---------|-------|-----|--|
|         |       |     |  |

| Day of<br>Month | Receipt<br>Number | Name of Payee for Expenditures Claimed | Food Costs | Nonfood Supplies<br>and Expendable<br>Equipment Costs | Purchase Services &<br>Non-expendable<br>Equipment Costs | Milk<br>Amount<br>(gallons) |
|-----------------|-------------------|--|------------|---|--|-----------------------------|
|                 |                   |  |            |   |  |                             |
|                 |                   |  |            |   |  |                             |
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|                 |                   |  |            |   |  |                             |
|                 |                   |  |            |   |  |                             |
|                 |                   |  |            |   |  |                             |
|                 |                   | TOTAL                                  |            |   |  |                             |