Name of Center:
Month:

CACFP Expenditure Report

Vermont Agency of Education Child Nutrition Programs

Child and Adult Care Food Program

Date	Vendor Name	Method of Payment (Cash, Credit)	**Total Amount of Receipt/Invoice**	Food Costs	Supplies Costs	Program Labor Costs	Administrative Labo Costs	Other Costs (i.e. delivery costs, large equipment)	Non-Program Expenses
		Totals							

Total Monthly Expenses:
Total Monthly Reimbursement Received:
Profit or Loss for the Month: