West Virginia Department of Education
Charleston, West Virginia 25305
Child and Adult Care Food Program

Daily Records of Program Operations

Month: _____

Year: _____

Name of Site: _____

Sponsor: _____

Type: **CHILD** **ADULT** **(CIRCLE ONE)**

Date	Number of Meals Served To Children/Day Care Adults																					
	Breakfast				Lunch				Supper				Between Meal Supplement (AM Snack)				Between Meal Supplement (PM Snack)				At - Risk	
	Free	Reduce	Paid	Total	Free	Reduce	Paid	Total	Free	Reduce	Paid	Total	Free	Reduce	Paid	Total	Free	Reduce	Paid	Total	Snack	Supper
TOTALS																						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	21	22	23	24	25	

CASH EXPENDITURES

DATE		CK. #	Name of Payee or Vendor	Food	Labor	Adm. Costs (Multi-Site)	Other (Supplies) Repairs Etc.
BILL	PAID						
TOTAL							