CACFP MONTHLY EXPENSE WORKSHEET

Sponsoring Organization _____

Site _____ Month/Year_____

LABOR EXPENSES

A	B	C	D	E	F
					Benefits
POSITION	**TOTAL FOOD SERVICE HOURS PER MONTH (FROM TIME DISTRIBUTION REPORT)**	**SALARY PER HOUR**	**GROSS PAY (B X C)**	**PERCENT OF TIME SPENT ON CACFP TASKS THIS MONTH** B ÷ TOTAL MONTHLY HOURS	**CACFP PORTION OF BENEFITS** E × TOTAL BENEFITS PAID TO EMPLOYEE

TOTAL: _____ _____

SALARIES **BENEFITS**

FACILITY EXPENSES

SQUARE FOOTAGE OF CACFP FOOD SERVICE AREA ÷ TOTAL SQUARE FOOTAGE OF FACILITY = PERCENT ATTRIBUTED

_____ ÷ _____ = _____

(KITCHEN, FOOD STORAGE, EATING AREA) **(ENTIRE FACILITY)** **(COLUMN C)**

A	B	C	D
SERVICE	**BILLED AMOUNT**	**PERCENT ATTRIBUTED TO CACFP**	**TOTAL (B x C)**
COMMUNICATION AND UTILITIES			
RENT OR MORTGAGE			
CONTRACTED SERVICES			