

Child and Adult Care Food Program (CACFP)

Bank Account Activity Transaction

Use this form to highlight specific expenses and the type of expense for all CACFP expenses in the sample month.

| | | |
|--|---|--------------|
| Sponsor Name | WINS | Review Month |
| Attach Documentation here (receipt, invoice, service contract, bill) | <div>CACFP Budget Category</div> <div>Operating:</div> <div>Food Purchases</div> <div>Food Service Labor</div> <div>Non Food Supplies</div> <div>Services</div> <div>Transportation</div> <div>Other:</div> <div>Administrative:</div> <div>Labor</div> <div>Services</div> <div>Supplies</div> <div>Travel</div> <div>Other:</div> <div>Total CACFP Allowable Expenses:</div> | |
| Notes: | | |

