

2019 SFSP END OF THE SUMMER WORKSHEET

SPONSOR NAME: _____

DATE: _____

AGREEMENT #: _____

*SFSP ADVANCE
AMOUNT (if
applicable 2019)*
\$ _____

***SFSP** FOOD AND MILK
EXPENSES (May,
June, July and August
2019)* \$ _____

TOTAL ***SFSP*** CLAIM
REIMBURSEMENT
(May, June, July &
August 2019)
\$ _____

***SFSP Only**
EXPENSES
SUPPLIES & WAGES
(May, June, July &
August 2019)* \$ _____

CASH DONATIONS
IN ***SFSP*** 2019 \$ _____

***SFSP** 2019
EXCESS/(DEFICIT)
PROGRAM FUNDS*
\$ _____

BANK ACCOUNT
BALANCE FOR ***SFSP***
FUNDS AS OF
AUGUST 31, 2019 \$ _____

ENDING
INVENTORY VALUE
FOOD & SUPPLIES
SFSP 2019 (\$
Amount at
program end date) \$ _____

***SFSP** VALUE OF
COMMODITIES
RECEIVED 2019 (\$
amount if applicable)*
\$ _____

I certify to the best of my knowledge and belief that the information I am providing is true and correct in all aspects. I understand that this information is being given in connection with the receipt of Federal funds and State Agency personnel may, for cause, verify the information I am providing is accurate and correct. I fully understand that deliberate misrepresentation may subject me and any principal or responsible persons of the institution providing this information to prosecution under applicable Federal and /or State statutes.

AUTHORIZED SIGNATURE

PRINTED NAME, TITLE