**WEEKLY FOOD ALLOTMENT RECEIPTS FORM**  

Site/Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Policy: Staff will keep accurate records of food allotment and receipts. Reference HSPPS 1302.44 (b)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Monthly Allocations | Breakfast $ \_\_\_\_\_\_\_\_ | | AM Snack $ \_\_\_\_\_\_\_\_ | | Lunch $ \_\_\_\_\_\_\_\_\_ | | PM Snack $ \_\_\_\_\_\_\_\_ | | $20.00 Monthly Food  Experience |
|  | Expense Balance | | Expense Balance | | Expense Balance | | Expense Balance | | Expense |
| Date: |  |  |  |  |  |  |  |  |  |
| Vendor: |
| Receipt Amt: |
| Date: |  |  |  |  |  |  |  |  |  |
| Vendor: |
| Receipt Amt: |
| Date: |  |  |  |  |  |  |  |  |  |
| Vendor: |
| Receipt Amt: |
| Date: |  |  |  |  |  |  |  |  |  |
| Vendor: |
| Receipt Amt: |
| Date: |  |  |  |  |  |  |  |  |  |
| Vendor: |
| Receipt Amt: |
|  |  |  |  |  |  |  |  |  |  |
| Nutrition Forms |  |  |  |  |  | Expense | Expense | Expense | Expense |
| CACFP Request for Special Meals and – or Accommodations | | | | | |  |  |  |  |
| Fluid Milk Substitute Nutrient Verification | | | | | |  |  |  |  |
| Parent Request to Provide Food | | | | | |  |  |  |  |

**WEEKLY FOOD ALLOTMENT RECEIPTS GUIDANCE**

**Procedure:**

* **On a blank area of the receipt write the reason for the purchase (breakfast, lunch, snack, food experience and/or any special dietary needs), the name of the center for which the items were purchased, the the initials of the child requiring Special Dietary Needs Accommodations and** **the date the receipt is submitted to the Business Office.**
* **To verify purchases, there must be two staff initials on each receipt.**
* If possible, group breakfast, lunch, snack, etc., items together as the cashier is scanning your order.
* Do not use a highlighter or cross out any items on the receipt.
* **All receipts must be scanned/emailed to the** [**businessoffice@nmcaa.net**](mailto:businessoffice@nmcaa.net) **as purchases are made.**

**CC your supervisor.**

* **Write the date, name of the store and the center location in the subject line before emailing. Example: 010120 Walmart Marty Paul.**
* Receipts for the same vendor must be emailed in one attachment and scanned in the same direction.
* A copy of the Weekly Food Allotment Form and the original receipts must be kept in the receipt binder at the center.
* Send the Weekly Food Allotment Receipts Form to your supervisor at the end of the month following What’s Due When requirements. **Do not send to the Weekly Food Allotment Receipts Form to the Business Office.**
* Purchases made with personal funds must be submitted on your expense report, with receipts attached, to your supervisor for reimbursement approval. **Do not send to the Business Office.**

|  |
| --- |
| **HOW TO CALCULATE FOOD ALLOTMENTS**  Supplies: a simple calculator, a calendar, the formula below, pen and paper.  The formula for one month:  (# of children) times (number of days in session that  month) times (the amount for meal or snack)  Snack is $1.00 per child.  Breakfast is $1.97 per child.  Lunch is $3.66 per child.  **Sample calculations:**  **18 children in session for 18 days with snacks would be:**    18x18x $1.00= $324.00  or for a week of 4 days 18x4x $1.00= $72.00  **18 children in session for 18 days with breakfast would be:**  18x18x $1.97= $638.28  or for a week of 4 days 18x4x $1.97= $141.84    **18 children in session 18 days for lunch:**    18x18x $3.66= $1,185.84  Or for a week of 4 days: 18x4x $3.66= $263.52  **Education staff can spend up to $20.00 monthly for food experience opportunities in the classroom. Document purchase on the Weekly Food Allotment Form and follow the procedure for submitting receipts to the Business Office.**  If you have any questions regarding calculations, please contact Program Support. |

Distribution: Scan/email receipts to the Business Office, CC Supervisor. Scan/email Weekly Food Allotment Receipts Form to your supervisor at the end of the month following the What’s Due When requirements.

8/4/2021 P:\Head Start Files\USDA\FY22\Weekly Food Allotment Receipts Form.doc