



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

DOCUMENTATION OF NONPROFIT FOODSERVICE

FACILITY NAME						CLAIM MONTH	
POSITION TITLE/EMPLOYEE	SALARY PER HOUR	X	HOURS WORKED PER DAY ON FOODSERVICE	X	DAYS WORKED PER MONTH	=	SUB TOTALS
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
TOTAL LABOR COST						=	

INDIRECT COSTS	AMOUNT	X	PERCENT OF FOODSERVICE USEAGE OR PERCENT OF FOODSERVICE SQUARE FOOTAGE	=	SUB TOTALS		GRAND TOTAL SPENT ON CACFP
		X		=		TOTAL FOOD COSTS (MAINTAIN RECEIPTS)	
		X		=		TOTAL NON-FOOD COSTS (MAINTAIN RECEIPTS)	
		X		=		TOTAL LABOR COSTS	
		X		=		TOTAL INDIRECT COSTS (IF APPLICABLE)	
TOTAL INDIRECT COSTS				=		GRAND TOTAL	