



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM

**DOCUMENTATION OF NON-PROFIT FOODSERVICE**

FACILITY NAME						CLAIM MONTH	
POSITION TITLE/EMPLOYEE	SALARY PER HOUR	X	HOURS WORKED PER DAY ON FOOD SERVICE	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		=	
<b>TOTAL LABOR COST</b>						=	

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 <b>(MAINTAIN RECEIPTS)</b>	
		X		=		TOTAL NON-FOOD COSTS <b>(MAINTAIN RECEIPTS)</b>	
		X		=		TOTAL LABOR COSTS	
		X		=		TOTAL INDIRECT COSTS (IF APPLICABLE)	
<b>TOTAL INDIRECT COSTS</b>					=		<b>GRAND TOTAL</b>