

West Virginia Department of Education  
 Charleston, West Virginia 25305  
 Child and Adult Care Food Program  
**Daily Records of Program Operations**

Month: \_\_\_\_\_

Name of Site: \_\_\_\_\_

Year: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Type:      **CHILD**                      **ADULT**                      **(CIRCLE ONE)**

Date	Number of Meals Served To Children/Day Care Adults																						
	Breakfast				Lunch				Supper				Between Meal Supplement (AM Snack)				Between Meal Supplement (PM Snack)				At - Risk		
	Free	Reduce	Paid	Total	Free	Reduce	Paid	Total	Free	Reduce	Paid	Total	Free	Reduce	Paid	Total	Free	Reduce	Paid	Total	Snack	Supper	
<b>TOTALS</b>																							

### CASH EXPENDITURES

DATE		CK. #	Name of Payee or Vendor	Food	Labor	Adm. Costs	Equip.	Other (Supplies) Repairs Etc.	Loan Payment	Other
BILL	PAID									
<b>TOTAL</b>										

(A)      (B)      (C)      (D)      (E)      (F)      (G)

UNPAID BILLS			
Company	Amount	Company	Amount