

2023 SFSP END OF THE SUMMER WORKSHEET

Sponsor's Name: _____

Date: _____

Name of Institution: _____

Agreement #: _____

SFSP Advance Amount (If applicable 2023)	\$	SFSP Food & Milk Expense for May, June, July, and August 2023	\$
Total SFSP Claim Reimbursement for May, June, July, August, and September 2023	\$	SFSP Expenses for Supplies and Wages for May, June, July, August, and September 2023	\$
SFSP Cash Donation 2023	\$		
SFSP 2023 Excess/ Deficit Program Funds	\$	Bank Account Balance for SFSP Funds as of October 31, 2023	\$
Ending Inventory Value Food and Supplies for SFSP 2023 (\$ Amount at Program End Date)	\$	SFSP Value of Commodities Received 2023 (\$ 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 I have provided in connection with the receipt of Federal funds and State Agency personnel may for cause, verify the information that I am providing is accurate and correct. I fully understand that deliberate misrepresentation may subject me and any principal or responsible person in the Institution providing this information not prosecution under applicable Federal and/or State statutes.

Print Name of Authorized Representative: _____

Title of Authorized Representatives: _____

Signature of Authorized Representative: _____