**2015 SFSP END OF SUMMER REVIEW WORKSHEET**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SPONSOR NAME:** |  |  | **DATE:** |  |
| **AGREEMENT #:** |
| ***SFSP*** *ADVANCE AMOUNT (if**applicable 2015)* | ***$*** |  | ***SFSP*** *FOOD AND MILK EXPENSES (May,**June, July and August 2015)* | ***$*** |
| *TOTAL* ***SFSP*** *CLAIM REIMBURSEMENT**(May, June, July & August 2015)* |  ***$***  |  | ***SFSP*** *EXPENSES SUPPLIES & WAGES**(May, June, July & August 2015)* |  ***$***  |
| *CASH DONATIONS TO* ***SFSP*** *2015* |  ***$***  |  |  |  |
| ***SFSP*** *2015 EXCESS/(DEFICIT) PROGRAM FUNDS* | ***$*** |  | *BANK ACCOUNT BALANCE FOR* ***SFSP*** *FUNDS AS OF AUGUST 31, 2015* | ***$*** |
| *ENDING INVENTORY VALUE FOOD & SUPPLIES*  ***SFSP*** *2015 ( $**Amount at program end date)* | ***$*** |  | ***SFSP*** *VALUE OF COMMODITIES RECEIVED 2015 ( $**amount if applicable)* | ***$*** |

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 is being given in connection with the receipt of Federal funds and State Agency personnel may, for cause, verify the information I am providing is accurate and correct. I fully understand that deliberate misrepresentation may subject me and any principal or responsible persons of the institution providing this information to prosecution under applicable Federal and /or State statutes.

AUTHORIZED SIGNATURE PRINTED NAME, TITLE