**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