



SFSP Program Costs Form



Review Month: _____

Complete for all applicable cost areas. You do not need to complete every line if costs were not paid from the SFSP reimbursement

Operating Costs

Food:		\$ _____
Non-Food Supplies:		\$ _____
Contracted Food Costs:		\$ _____
Food Service Labor:		\$ _____
Rent/Utilities:		\$ _____
Equipment Rental:		\$ _____
Transportation of Food:	Rate Per Mile: _____	\$ _____
Sub Total:		\$ _____

Administrative Costs

Administrator:		\$ _____
Monitor:		\$ _____
Secretary/Bookkeeper:		\$ _____
Printing/Mail/Phone:		\$ _____
Office Supplies:		\$ _____
Transportation:	Rate Per Mile: _____	\$ _____
Audit Costs		\$ _____
Sub Total:		\$ _____

TOTAL SFSP COSTS \$ _____