

## **INSTRUCTIONS**

Use the information recorded on this form to complete the monthly claim for reimbursement (PI-1409-NS-SMP). All fields should be filled in using half pints as the unit of measurement.

**Milk Carry-Over:** Record the number of half pints remaining from the previous month.

**Milk Purchased:** Record the number of half pints purchased/delivered under the appropriate date.

**Cost:** Record the invoice/receipt cost of milk purchased under the appropriate date.

**Waste:** Record the number of half pints that have been used in cooking, are deemed as spoiled/expired, have been poured out after service, or lost to theft under the appropriate date.

**Milk Carried Forward:** The number of half pints remaining on the last day of the month. This number should be recorded and transferred to the Milk Carry-Over section of the Milk Record Worksheet for the next month.

**Child Milk:** Record the number of half pints served to children under the appropriate date.

**Adult Milk:** Record the number of half pints served to adults under the appropriate date. Adults are identified as any person 19 years of age or older.

This form will automatically complete the Total, Milk Carried Forward, and Reimbursement Calculation sections.

**The cost per ½ pint and paid milk in the “Reimbursement Calculation” box provides the total you should submit for your monthly claim.**

A copy of the Monthly Milk Record must be maintained on file with the agency’s other supporting documents for the claim month.

# MONTHLY MILK RECORD

Agency Code: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Month/Year: \_\_\_\_\_

**\*All amounts should be entered in 1/2 pints**

Date	DAILY MILK INVENTORY					DAILY MILK ACCOUNTING		
	Milk Carry-Over	Milk Purchased	Cost	Waste	Milk Carried Forward	Amount Milk Served Children	Amount Milk Served Adults	Total Milk Served
1								0.00
2								0.00
3								0.00
4								0.00
5								0.00
6								0.00
7								0.00
8								0.00
9								0.00
10								0.00
11								0.00
12								0.00
13								0.00
14								0.00
15								0.00
16								0.00
17								0.00
18								0.00
19								0.00
20								0.00
21								0.00
22								0.00
23								0.00
24								0.00
25								0.00
26								0.00
27								0.00
28								0.00
29								0.00
30								0.00
31					0.00			0.00
<b>TOTAL</b>	0	0	0.00	0.00	0	0.00	0.00	0

REIMBURSEMENT CALCULATION	
Cost per 1/2 Pint:	#DIV/0!
Paid Milk:	0

CONVERT GALLONS TO 1/2 PINTS	
Gallons Purchased:	
* 16:	0

CONVERT OUNCES TO 1/2 PINTS	
Ounces:	
/ 8:	0.00

