Rising Phoenix Enrichment Program, Inc.

MONTHLY RECORD OF OPERATING COSTS Month _____ Year_____

Bright from the Start:
Georgia Department of Early Care and Learning
Child and Adult Care Food Program Grand Total Operating Costs $_____

Site Name: _____ Previous Claim Payment: $ _____

Instructions: Enter the date of purchase, names of vendors, etc. and the amount of the cost paid with CACFP reimbursement in the appropriate item column. Enter the date payment was made and the check number for the payment (if check was not issued, enter payment type instead). All costs listed on this form must be operating costs. Each item charged to the CACFP must have support of purchase such as copies of bills, invoices, receipts and proration methods. Attach supporting documentation in the same order as entered on form.

Date of Receipt/ Purchase	Payment Made To (Indicate the purpose if item will be placed in "other" column):	Food Purchases	Non- Food Supplies or Equipment	Food Service Labor & Benefits	Utilities	Other / # MilkPurchase	Payment Date	Check # (if applicable)
	TOTALS							