

**STATE DEPARTMENT OF EDUCATION  
OFFICE OF CHILD NUTRITION  
P.O. BOX 771  
JACKSON, MISSISSIPPI 39205**

**FINANCIAL STATEMENT FOR SCHOOL LUNCH PROGRAM FUND**

1. NAME AND ADDRESS OF ORGANIZATION	3. SCHOOL YEAR
2. ORGANIZATION NUMBER	I. NUMBER OF EMPLOYEES  A. Full time _____  B. Part time _____
II. NUMBER HOURS OF PAID LABOR (School Lunch and / or Breakfast) _____	

III.	<u>REVENUE</u>		<u>EXPENDITURES</u>
Local			
Children	\$ _____	Personal Services	\$ _____
Adults	\$ _____	Employee Benefits	\$ _____
Extra Food / Special Functions	\$ _____	Technical Services	\$ _____
Interest Income	\$ _____	Purchased Property Services	\$ _____
Other Local Sources	\$ _____	Other Purchased Services	\$ _____
State Sources	\$ _____	General Supplies	\$ _____
Federal Sources	\$ _____	Energy	\$ _____
Miscellaneous	\$ _____	Purchased Food	\$ _____
TOTAL	\$ _____	Food Production Supplies	\$ _____
		Donated Commodities	\$ _____
		Miscellaneous	\$ _____
		Equipment, Capitalized	\$ _____
		Indirect Cost Paid	\$ _____
		Repayments to the State Agency	\$ _____
		TOTAL	\$ _____

IV. FUND BALANCE                      \$ \_\_\_\_\_

I certify that this report is true and correct to the best of my knowledge and belief, that records are available to support the claims, and that programs are operated in accordance with the terms of existing agreements and payments for the amounts claimed have not been received.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

NOTE: Financial statement is due in the State Office by July 30th. For Severe Need Breakfast Programs, the Financial Statement is due by the 7th of the month.

Copy 1: State Office Copy  
Copy 2: School Food Authority Copy