

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

MONTHLY FINANCIAL STATEMENT FOR SEVERE NEED BREAKFAST / SCHOOL LUNCH PROGRAM FUND

1. NAME AND ADDRESS OF ORGANIZATION	3. CLAIM PERIOD
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
		Energy
		Purchased Food
		Food Production Supplies
Federal Sources	\$ _____	Donated Commodities
		Miscellaneous
Miscellaneous	\$ _____	Equipment, Capitalized
		Indirect Cost Paid
TOTAL	\$ _____	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