

Institution: _____ CACFP Agreement # _____ Facility: _____

Retain this form with monthly CACFP expense records

DONATED OR HARVESTED FOOD

Date	Check one		Description of Food	Quantity	Donor Name (Print) + Signature	Donor Contact Info
	Harvested	Donated				
1/1/19	✓		apples	20 lbs	Jan Doe <i>Jane Doe</i>	222-555-1212

DONATED MILK

Date	# of gallons	Quantity	Value of Donation	Milk Only (Check One Only)	Donor Name (Print) + Signature	Donor Contact Info
				<input type="checkbox"/> Whole <input type="checkbox"/> Skim/Low-Fat (1%) <input type="checkbox"/> Iron-Fortified Infant Formula <input type="checkbox"/> Alt Milk : _____		
				<input type="checkbox"/> Whole Milk <input type="checkbox"/> Skim/Low-Fat (1%) <input type="checkbox"/> Iron-Fortified Infant Formula <input type="checkbox"/> Alt Milk : _____		

Verified by Sponsoring Organization Representative:

Name: _____

Signature: _____

Date: _____