

Child and Adult Care Food Program
Sponsoring Organization Disbursement Record

1. Sponsoring Organization Information

Name of Sponsoring Organization	Program No. TX -	Claim/Transaction Month
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2. Amount Withheld for Administrative Costs

Indicate the total amount of CACFP reimbursement of affiliated and/or unaffiliated facilities for the corresponding claim month.

Total CACFP Reimbursement Received \$ _____ Total Withheld \$ _____

3. Disbursement Record for Unaffiliated Facilities

Use the attached instructions to determine each facility's reimbursement for the designated claim month.

NOTE: The amount you withhold from each facility's reimbursement for allowable administrative costs must not exceed 15% or the percentage of administrative cost to be withheld as indicated in column C below.

A. Name of Facility	B. Total CACFP Reimbursement Earned by the Facility (less Cash-in-lieu)	C. % of Admin. Cost to be Withheld	D. Total Amount of Sponsor Admin. Cost Withheld (BxC)	E. Remainder of CACFP Reimbursement (D-B)	F. Total Cash-in-lieu Owed to Facility	G. Total CACFP Reimbursement to be Paid to the Facility (E+F)	H. Date Sponsor Payment Received	I. Date Sponsor Paid the Facility