**Daily Record of Income—National School Lunch Program and School Breakfast Program Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contracting Entity (CE):** | | | | | | **CE ID Number:** | | | **Site:** | | | | **Month/Year:** | | |
| **Date** | **National School Lunch Program (NSLP) Income Received** | | | | | | **School Breakfast Program (SBP) Income Received** | | | | | **10**  **Other Income** | **11**  **Total Income**  [5 + 9 + 10] | | **12**  **Total Bank Deposits** |
| **1** | **2** | **3** | **4** | | **5** | **6** | **7** | | **8** | **9** |
| **Children’s Meals** | | **Adults** | **Other** | | **Total Income**  [1 + 2 + 3 + 4] | **Children’s Meals** | **Adults** | | **Other** | **Total Income**  [6 + 7 + 8] |
| **Reimbursable** | **Other** | **Reimbursable** |
| 1 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 2 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 3 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 4 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 5 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 6 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 7 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 8 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 9 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 10 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 11 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 12 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 13 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 14 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 15 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 16 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 17 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 18 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 19 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 20 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 21 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 22 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 23 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 24 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 25 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 26 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 27 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 28 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 29 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 30 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| 31 |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| **12 Lunch Total Income** | | | | | |  | **13 Breakfast Total Income** | | | |  | **14 Total Income** |  | |  |
| **15 NSLP Federal Reimbursement** | | |  | | **16 SBP Federal Reimbursement** | |  | **17 Total Federal Reimbursement** | | |  | **18 Total All Income** | |  |  |

**Directions for Completing Daily Record of Income—National School Lunch Program (NSLP) and School Breakfast Program (SBP) Form**

|  |  |
| --- | --- |
| **Use This Form** | |
| **Frequency** | Daily, cumulative monthly |
| **Required Form Format** | Use this form or a similar reporting instrument. |
| **Record Retention** | Completed forms kept onsite and made available on request.  State Board of Education policies require public and charter schools to maintain records for a period of five years. Private schools RCCIs maintain records for three years. |

**Purpose**

This form is designed to help contracting entities (CEs) record the daily and cumulative monthly income for their School Nutrition Programs (SNPs) as required by the Texas Department of Agriculture (TDA). CEs should complete this form daily and total the daily columns monthly.

**Directions for Completing Form**

**General Information**

* **Contracting Entity (CE):** Record the name of the CE in the designated space.
* **CE ID Number:** Record the CE ID Number in the designated space.
* **Site:** Record the name of the site in the designated space.
* **Month/Year:** Record the month and year of the income in the designated space.

**National School Lunch Program (NSLP) Income Received**

***Children***

* **Column 1:** **Reimbursable**:Record the total amount received from lunch service sold to children by day for meals that are reimbursable in the designated space. This includes reduced-price and paid lunches.

Do include income received for the meals served on the designated serving date even if that income was prepaid before the designated serving date. However, do not include prepays for meals to be served in the future as income on the day received. Apply prepay amounts as income on the day the meal is served.

Do not include the income received from reimbursement for NSLP claims in this column. Income from the claims process will be recorded in a different location on this form.

* **Column 2: Other:** Record all other income received from lunch service sold to children by day in the designated space. This includes snack bar, extra milk, and a la carte items.

***Adults***

* **Column 3: Adults:** Record the total income for all food and extra milk sold to adults during lunch in the designated space. This includes income from program and nonprogram personnel as well as visiting adults.
* **Column 4: Other:** Record the total amounts received for the NSLP from all other sources in the designated space.

Do include income received for the meals served on the designated serving date even if that income was prepaid before the designated serving date. However, do not include prepays for meals to be served in the future as income on the day received. Apply prepay amounts as income in the appropriate column on the day the meal is served.

Do not include the income received from reimbursement for NSLP claims in this column. Income from the claims process will be recorded in a different location on this form.

***Total for NSLP Income***

* **Column 5:** **Total Income**: Record the sum of *Columns 1* through *4*—the total for each day’s income for NSLP, excluding reimbursement for NSLP claims—in the designated space.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1**  Children’s Reimbursable Meals | **+** | **2**  Children’s Other Income | **+** | **3**  Adult  Income | **+** | **4**  Other  Income | **=** | **5**  NSLP  Total  Income |

**School Breakfast Program**

***Children***

* **Column 6: Children’s Meals, Reimbursable**: Record the total amount received for breakfast service sold to children by day for meals that are reimbursable in the designated space. This includes income from reduced-price and paid meals.

Do include income received for the meals served on the designated serving date even if that income was prepaid before the designated serving date. However, do not include prepays for meals to be served in the future as income on the day received. Apply prepay amounts as income in the appropriate column on the day the meal is served.

Do not include the income received from reimbursement for SBP claims in this column. Income from the claims process will be recorded in a different location on this form.

***Adults***

* **Column 7: Adults:** Record the total income for all food and extra milk sold to adults during breakfast in the designated space—this includes income from program and nonprogram personnel as well as visiting adults.

***Other***

* **Column 8: Other Income:** Record the total amount of daily income received into the SBP from all other sources in the designated space.

Do include income received for the meals served on the designated serving date even if that income was prepaid before the designated serving date. However, do not include prepays for meals to be served in the future as income on the day received. Apply prepay amounts as income on the day the meal is served.

Do not include the income received from reimbursement for NSLP claims in this column. Income from the claims process will be recorded in a different location on this form.

***Total SBP***

* **Column 9: Total Income:**Record the sum of *Columns 6* through *8*—the total for each day’s income for SBP from all sources, excluding reimbursement for SBP claims—in the designated space.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **6**  Student Reimbursable Meals | **+** | **7**  Adult  Income | **+** | **8**  Other  Income | **=** | **9**  SBP  Total Income |

**Other Sources of Income**

* **Column 10: Other Income:** Record other income that the site has received for non-NSLP or non-SBP purposes including catering services or other food service activities in the designated space.

**Daily Total Income/Deposits**

* **Column 11: Total Income:** Record the sum of *Columns 5*, *9*, and *10*—the combined daily total income for the food service program, excluding reimbursement for NSLB and SBP claims—in the designated space.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **5**  NSLP  Total Income | **+** | **9**  SBP  Total Income | **+** | **10**  Other  Income | **=** | **11**  Program  Total Income |

* **Column 12: Total Bank Deposits:** Record the deposits made into the school food service account each day in the designated space.

**Monthly Totals**

* **Box 12, Lunch Total Income:** Sum the total month’s income for NSLP for the month by adding the total for each day for *Column 5, Total Income*. Record the total amount in the designated space.
* **Box 13, Breakfast Total Income:** Sum the total month’s income for SBP for the month by adding the total for each day for *Column 9, Total Income*. Record the total amount in the designated space.
* **Box 14, Total Income:** Sum the total month’s income for NSLP, SBP, and other income sources by adding the total for each day for *Column 11, Total Cash*. Record the total amount in the designated space.
* **Box 15, NSLP Federal Reimbursement:** Record the month’s reimbursement(s) received for NSLP claims in the designated space.
* **Box 16, SBP Federal Reimbursement:** Record the month’s reimbursement(s) received for the SBP claims in the designated space.
* **Box 17, Total Federal Reimbursement:** Sum the amounts received for the reimbursement for claims for the month by adding *Box 15, NSLP Federal Reimbursement* and *Box 16, SBP Federal Reimbursemen*t. Record the total in the designated space.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **15**  NSLP  Federal Reimbursement | **+** | **16**  SBP  Federal Reimbursement | **=** | **17**  Total  Federal Reimbursement |

**Box 18 Total All Income**: Sum the month’s total income from all sources by adding *Box 14, Total Cash* and *Box 17, Total Federal Reimbursement*. Record the total in the designated box.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **14**  Total Income | **+** | **17**  Total Federal Reimbursement | **=** | **18**  Total All Income |

[NOTE: Adding the monthly total recorded in Column 12, Total Bank Deposits and the amount recorded in Box 17, Total Federal Reimbursement should equal the amount recorded in Box 18, Total All Income.]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total of Column 12 Daily Entries | **+** | **17**  Total Federal Reimbursement | **=** | **18**  Other  Income |