

Purpose

To verify that all documentation needed for the claim month have been verified and placed in claim packet. (receipts, reports, and proof of payments)

Number of Copies and Transmittal

Complete the monthly checklist and place the original in with the claim packet for submittal to Child Food Program of Texas. Center may keep a copy on file.

Detailed Instructions

1. Center Name – Enter center name.
2. Center # - Enter center number.
3. Claim Month – Enter the claim month.
4. Claim Year – Enter the claim year.
5. Employees that are paid from the CACFP funds – Check each box verifying that you have included the Operating Labor Sheets as well as the proof of employee payment with your receipts for the claim month.
6. Items purchased for the food program – Check each box verifying that all vendor receipts, grocery store receipts, and proof of payments for vendor receipts are included with your claim packet. (proof of payment would be bank statements, canceled checks, credit card statements, etc.)
7. Monthly Records – Check the box verifying that you have included your Monthly Food Inventory with your claim packet.
8. Center Representative's Name Printed – A center representative must print name to verify all of the above information is correct and included in the claim packet.
9. Center Representative's Signature – Center representative must sign the monthly check sheet to verify all of the above information is correct and included in the claim packet.
10. Center Representative's Position – Enter the title for the center representative signing the Monthly Check Sheet.
11. Date – Enter the date the center representative signed the form.

Turn over for example.



DCC
 MONTHLY CHECK SHEET

① Center Name: Big Dreamers Day Care Center ② Center #: 123
(3 digits)
 ③ Claim Month: October ④ Claim Year: 2017

"I hereby confirm that the following checked items have been sent in the same package to Child Food Program of Texas for the claim month dated above."

- ⑤ 1) Employees that are paid from the CACFP funds
- CACFP operating labor sheets (Time Distribution Reports)
(only one is needed per CACFP employee)
 - Proof of CACFP employee payment (payment records, paycheck stub, etc)
- ⑥ 2) Items purchased for the food program
ie: food, kitchen supplies, paper goods or cleaning supplies for meal service, etc.
(NO TOILET PAPER and NO PERSONAL ITEMS!)
- Vender invoices
 - Grocery store receipts
 - Proof of payment (payment records)
ie: bank statements, canceled checks, credit card statements, etc.
- ⑦ 3) Monthly Records
- Monthly Food Inventory

⑧ Laura Fair
Center Representative's name Printed

⑪ 10/31/17
Date

⑨ Laura Fair
Center Representative's Signature

⑩ Director
Center Representative's Position