



Center Sponsor Claim Worksheet

Claim Month: _____ Program Year: _____

Sponsoring Organization: _____ CTD#: _____

Type of Submission: Original
 Revision | Date of Revision: _____

Note: When completing your Sponsor claim, the costs reported must reflect what is on your approved budget. If your budget needs to be revised, please contact your assigned Health and Nutrition Services Specialist.

Monthly Income	
Enter the total income for the claiming month.	
Non-CACFP Income	
CACFP Income	
Value of Cash/Non-Cash Donations	
Value of Excess Personnel Meals	

Monthly CACFP Expenses	
Enter the administrative costs incurred during the claiming month as supported by the Monthly Expense Worksheet, Time Distribution Reports, Receipts, and Invoices.	
Administrative Costs - Labor	
Administrative Costs - Benefits	
Administrative Costs - Rent or Mortgage	
Administrative Cost - Contracted Services	
Administrative Costs - Communications	
Administrative Costs - Other Costs	
Administrative Costs: Unaffiliated Costs	N/A - Currently does not apply to any AZ Sponsors
At-Risk Supper	

Monthly CACFP Operational Expenses	
Enter the operational costs incurred during the claiming month as supported by the Food Service Cost Report, Monthly Expense Worksheet, Time Distribution Reports, Receipts, and Invoices.	
Operating Costs - Labor	
Operating Costs - Benefits	
Operating Costs - Food	
Operating Costs - Supplies	
Operating Costs - Rent or Mortgage	
Operating Costs - Contracted Services	
Operating Costs - Utilities	
Operating Costs - Other Costs	
Operating Costs - Unaffiliated Costs	N/A - Currently does not apply to any AZ Sponsors