



EXPENSE SUMMARY

MONTH: _____

REVENUE

Fundraising \$ _____
Parental contributions \$ _____
Other \$ _____
TOTAL REVENUE \$ _____

COSTS

Food \$ _____
Staffing \$ _____
Facilities / supplies \$ _____
Other \$ _____
TOTAL COSTS \$ _____

SURPLUS (DEFICIT) \$ _____

NUMBER OF MEALS SERVED: _____ COST PER MEAL SERVED \$ _____