**Step 1 – Please enter the requested information into the corresponding box next to it.**

**This form must be completed by the school food authority (SFA), not the Food Service Management Company (FSMC).** Maintain this record for three years from the final month of the final renewal year of the contract. The IDOE has a USDA Foods Monthly Reconciliation Breakdown Form to assist SFAs with this form and USDA Foods and Procurement Recordkeeping.

**INSTRUCTIONS**

Federal regulations (7 CFR 250.51) require a food service management company to provide full credits to the school food authority (SFA) for the value of USDA Foods received at the warehouse or processor during the contract year. This form is completed by the SFA to ensure that the SFA has fully received credits. It is required that SFAs complete this form monthly for solid procurement records and good inventory management. This form may be requested during procurement reviews, audits or contract renewals.

**REQUIREMENTS**

|  |  |
| --- | --- |
| Date: |  |
| Contract Year: |  |
| School Food Authority (SFA) Name: |  |
| SFA Corporation Number  |  |
| Name of SFA Staff Completing Form:  |  |
| Month and Year of Reconciliation: |  |
| Phone Number (include area code): |  |
| Email:  |  |
| Food Service Management Company Name: |  |
| Enter SFA’s Beginning Entitlement Value(Entitlement Tab in CNPweb) |  |
| Bonus Food Received (Entitlement Tab) |  |

**Step 2 – Please enter the values requested below. Add up and write in the total amount of USDA Foods that the SFA has received for both Direct Delivered (Brown Box), USDA Foods for Processing and DoD Fresh Fruits and Vegetables, if applicable.**

|  |  |  |
| --- | --- | --- |
| **Beginning Direct Delivered Column A**Enter SFA’s Beginning Direct Delivered (Brown Box) Cases for the Month (Inventory Tab in CNPweb) in the blank below.  | **Monthly Used Direct Delivered Column B**Enter the number of Direct Delivered Cases Used for Month (Orders Tab in CNPweb) in the blank below. | **Total Direct Delivered Column C**Subtract Column B from Column A and enter below - this will be the ending inventory amount which should match both the inventory for the month and the crediting amount on the FSMC invoice. |
|

|  |  |
| --- | --- |
| # of Beginning Cases | Beginning Entitlement Value ($) |
|  |  |

 |

|  |  |
| --- | --- |
| # of Used Cases | Entitlement Value ($) Used |
|  |  |

 |

|  |  |
| --- | --- |
| Total # of Cases Left | Total Entitlement Value ($) Remaining  |
|  |  |

 |
| **Beginning Processed Column D**Enter SFA’s Beginning USDA Foods Processing Pounds for the Month (Inventory Tab) in the blank below. (Check [ProcessorLink](http://www.processorlink.com) and [K12Foodservice](http://www.k12foodservice.com) for this information – This should be the SFA’s starting pounds for the month | **Monthly Used Direct Delivered Column E**Enter the number of Processor Pounds from ProcessorLink and K12 Foodservice in the blank below. | **Total Direct Delivered Column F**Subtract Column E from Column D and enter below - this will be the number of pounds showing in inventory which should match both the inventory for the month and the crediting amount on the FSMC invoice. |
|

|  |  |
| --- | --- |
| Beginning # of Processor Pounds | Entitlement Value ($) |
|  |  |

 |

|  |  |
| --- | --- |
| # of Processor Pounds Left | Entitlement Value ($) |
|  |  |

 |

|  |  |
| --- | --- |
| # of Processor Pounds | Entitlement Value ($) |
|  |  |

 |

|  |  |  |
| --- | --- | --- |
| Department of Defense (DoD) Fresh Fruits and Vegetables Beginning Balance ($) in [FFAVORS](https://ffavors.fns.usda.gov/ffavors_web/usdaproduce/default.aspx)  | DoD Funds Used for the Month in FFAVORS | Ending DoD Balance for Month |
|  |  |  |

Please provide a detailed list of excess inventory that exceeds the 6 months limit. Please include plans to reduce excess inventory under the 6 months requirement. (Use separate sheet as necessary. Please reference if separate sheet

\*Please save monthly reconciliation report for your records for 3 years plus program year as regulated.

Signature of School Food Authority Staff Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: By signing this form, you acknowledge and affirm that a School Food Authority Staff Member has the authority and has completed and signed this form. This form should NOT be signed by the Food Service Management Company.**