KITCHEN MANAGERS MONTHLY REPORT CHECKLIST

CENTERS NAME	SIGNATURE

DOCUMENTS	CHECK MARK	YOUR INITIAL
KITCHEN MANAGERS CHECKLIST (THIS FORM)		
MASTER MENU FOR THE MONTH WITH CHANGES		
MENU CHANGE SHEETS		
MEAL COUNT SHEET		
TEMPERATURE LOGS: FOOD, COOLERS, FREEZERS, REFRIGERATOR, DISH MACHINE		
DAILY MILK INVENTORY SHEET		
MONTHLY MILK INVENTORY SHEET ½ PTS AND/OR GALLON (IF APPLICABLE)		
ALL WEEKLY AND MONTHLY INVOICE LOG SHEETS TO CCFP ONLY		
ALL INVOICES		
MILK		
USF SERVICE (FOOD/CHEMICALS)		
SOUTHEASTERN (PAPER PRODUCTS)		
GROCERY STORE RECEIPTS		
OPEN PO REQUISITION (SIGNED, CLOSED)		
MANAGER'S KITCHEN INSPECTION CHECKLIST (2 PER MONTH—15TH & 30TH))		
DELIVERY SHEETS (IF APPLICABLE)		

SEND ORIGINAL INVOICES TO ACCOUNTING DEPARTMENT WEEKLY

SEND COPIES OF INVOICES AND INVOICE LOG SHEET TO PATRICIA SAWYER WEEKLY

ALL MONTHLY FORMS ARE DUE IN CCFP OFFICE NO LATER THAN THE FIFTH OF EACH MONTH. YOU MUST COMPLETE 1 CHECKLIST PER CENTER, INCLUDING SATELITE CENTERS THAT YOU SUPPLY MEALS FOR.

FOR _____
MONTH/YEAR

Revised: 6/11/13