Appendix E: Accounting Report of Student Nutrition Program Expenditures

Please complete and submit the following to your Local Student Nutrition Program
Coordinator in January & in June

School: _____
Board of Education: _____
Address: _____
Principal: _____
Date: _____

Please list all expenditures

Date Paid	Amount	Description

Total Expenditures: _____

Balance in Bank Account as of September 1st 201__ :_____

Current SNP Bank Account Balance: _____ Date: _____

The Ministry of Children and Youth Service requests that we retain all original receipts for a seven year period.

Thank you.