

PACT
KITCHEN ORDER/PURCHASING FORM

Site Name: _____

Date of Purchase _____

**Email this and receipt
to Health Coordinator**

Purchased at _____

Purchased by _____

Approved by _____ Date _____

Write on receipt name of item if receipt is not specific enough.

Mark FOOD items (*) purchased to be used in a different month than the date of purchase above.

Total those * items and enter that total here: \$ _____ for month of _____.

Use the following highlighter/pen color to mark the receipt:	
Event:	Circle or Highlight
CACFP Food	None
CACFP Milk	Yellow
CACFP Non-Food	Green
Non-CACFP Non-Food These items must have prior approval from the Health Coor.	Red (circle item)
Parent Meeting Food/Supplies	Blue
Nutrition Activity in classroom	Pink
HB Snacks/Meals (that are not included in meal count)	Black (circle item)

Other purchasing needs a separate receipt.

For Fiscal Use Only:

Total CACFP Food \$ _____

Total CACFP Non-Food \$ _____

Total Non-CACFP Non-Food \$ _____

Total Parent Meeting Food/Supplies \$ _____

Total Nutrition Activity in Classroom \$ _____

Total HB Snacks/Meals \$ _____

TOTAL PURCHASE \$ _____