FEEDBACK ON MONTHLY PAPERWORK

For the month of **April 2007**

To

SHOPPING LISTS, RECEIPTS, MEAL REIMBURSEMENT REPORT

[ ] Columns in the Shopping List must be completely filled out (Market Unit, Minimum Amount Needed, Quantity Purchased).
[ ] Non-food items were not highlighted on the receipts.
[ ] Items purchased were not all listed on the Shopping List.
[ ] Items not purchased were not crossed-off on the Shopping List.
[ ] Specify items on the receipts._____
_____
[ ] Amount of receipt was not entered in the Meal Reimbursement Report.
[ ] Purchased a non-allowable/non-reimbursable item.
[ ] Receipt was not arranged in order by date. Same sequence should be used when doing your Meal Reimbursement Report.
[ ] All lines, columns in the Meal Reimbursement Report must be completed.
[ ] Miscalculation of Meal Reimbursement Report.
[ ] No receipt for returned items to show how much money was received.
[ ] Purchased a personal item with the Head Start receipt.
[ ] Missing Monthly Menus for lunches, breakfasts, p.m. snacks with documented changes/ substitutions/additions.
[ ] Specify which center the non-food items were purchased for (only for Lincoln, Hawthorne, PEHS).

NOTE:

MONTHLY MENUS, MENU PLANNING SHEETS

[ ] Substitutions/changes in the monthly menus were not documented.
[ ] Total Number Served was not completed.
[ ] Number Planned For was not filled out.
[ ] Total Number of Portions Needed was miscalculated.
[ ] Servings Per Market Unit was incorrect.
[ ] Minimum Amount of Food Needed was miscomputed.
[ ] Planning section for lunch or breakfast or snack was incomplete.
[ ] Documentation of "items on hand"was not consistent.
[ ] Menu Planning Sheet on _____ did not reflect changes/substitutions made on menus.

NOTE:

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