MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SUMMER FOOD SERVICE PROGRAM

PROGRAM ADMINISTRATIVE COST REPORT

Name of Sponsor	
Program Administrative Costs for Period Beginning (mm/dd/yyyy}	Ending (mm/dd/yyyy)

Position	Salary per Hour	Number of Hours Worked Per Day		Number of Days Worked		Fringe benefits		Total	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	

1. Total Administrative Labor Costs for period……. _____
2. Transportation …… _____
3. Communications …… _____
4. Rental of Office Space ……... _____
5. Office Supplies …….. _____
6. Utilities …….. _____
7. Use allowance on fixtures and furniture …… _____
8. Audit fees …….. _____
9. Legal fees …….. _____
10. Office Building Maintenance …… _____
11. Other (specify) …….. _____

Total Monthly Administrative Costs (sum of lines 1 through 11) $ _____