

Special Milk Program (SMP) Daily Milk Count Form

For information on completing this form, see the Connecticut State Department of Education's (CSDE) [Instructions for the SMP Daily Milk Count Form](#). An Excel version of this form is available on the CSDE's [SMP](#) webpage.

Name of town or school: _____ Agreement number: _____

Month and year: _____ Beginning inventory: _____

Day	Number of milks served to children						
	Column 1 Free	Column 2 Served/paid	Column 3 Total milk served (column 1 plus column 2)	Column 4 Total milk served adults	Column 5 Total 1/2 pints consumed daily (column 3 plus column 4)	Column 6 Total daily milk delivery	Column 7 Milk leftover at end of day
1							
2							
3							
4							
5							
6							
7							
8							
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10							
11							
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21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
Totals							

On the Online Claim Form, record the column 1 total in M5a and the column 2 total in M5b.

Total Monthly Milk Consumed	
A	Beginning inventory
B	Month's milk purchases
C	Total milk available
D	Ending milk balance
E	Total milk consumed

Number entered at top of form

Column 6 Total

Add Beginning Inventory (A) and Column 6 Total (B)

Number from Column 7 on **LAST DAY** of the month (NOT Column 7 Total)

Subtract Ending Milk Balance (D) from Total Milk Available (C)

This number must equal the total in Column 5, and is the beginning inventory for the next month.

SMP Daily Milk Count Form



For more information, visit the CSDE's [Special Milk Program](#) webpage or contact the [school nutrition programs staff](#) in the CSDE Bureau of Health/Nutrition, Family Services and Adult Education, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841.

This form is available at <http://portal.ct.gov/-/media/SDE/Nutrition/SMP/SMPCount.pdf>.

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Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
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- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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