



# Income and Expenditure Report

## Part 1

### School Meals Programme Identifier/Roll Number

School meals Identifier/Roll Number:

Income and Expenditure Report for the 2017/2018 School Year.

## Part 2

### Income

School Meals Allocation for the 2017/2018 School Year: €    ,    .

Income from any other source:   
 (Please state source & amount)

€    ,    .

Total Income: €    ,    .

## Part 3

### Expenditure (per month)

Food items to be listed only

September: €    ,    .

October: €    ,    .

November: €    ,    .

December: €    ,    .

January: €    ,    .

February: €    ,    .

March: €    ,    .

April: €    ,    .

May: €    ,    .

June: €    ,    .

Additional months to be used only by organisations operating outside the standard school term.

July: €    ,    .

August: €    ,    .

## Part 4

### Total Expenditure

Total expenditure: €    ,    .

Surplus/Deficit entering the 2018/2019 School Year: €    ,    .

## Important

Please forward all invoices dated October 2017 along with this form. Entries in Part 3 "Expenditure (per month)" should be a total of receipts and/or invoices raised each month regardless of when invoices were paid. Any ineligible items on receipts should be deducted from monthly totals and should not be included as expenditure. Monthly expenditure figures on this form will not necessarily correspond with monthly expenditure figure in your school's financial accounts, on the basis that invoices are not always paid in the month they were raised. The purpose of this document is to record the monthly cost of food provided. As such, the date or month invoices are paid is not relevant when filling this form.

### Part 5

### Please complete this declaration

Name and address of  
School / Organisation:

Name:

Position held:

### Declaration (this must be signed by the person named in Part 5)

I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, that I will be required to repay any payment I receive from the Department and that I may be prosecuted. I declare that I am operating within the criteria of the scheme and I undertake to immediately advise the Department of any change in circumstances which may affect the school's/organisation's entitlement.

Signature (not block letters)

Position held by me

Date:

Witness: Treasurer signature (not block letters)

Date:

**Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.**

**School Meals Programme**

Department of Employment Affairs and Social Protection  
College Road  
Sligo

If you have any questions, please contact School Meals Section at the address above or telephone:  
071 9138625 or 071 9138626.

**Data Protection Statement**

**Personal data is required to determine eligibility for payments and services, administered for Ireland's social protection system. It may be shared with other Government Departments/Agencies where provided for by law. Data protection policy available at [www.welfare.ie/dataprotection](http://www.welfare.ie/dataprotection) or hard copy.**

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.