

Sample Completed Special Milk Program (SMP) Daily Milk Count Form

Complete the yellow boxes. All other boxes will calculate automatically. For more information, see the Connecticut State Department of Education's [Instructions for the SMP Daily Milk Count Form](#).

Name of Town or School: Anytown School Agreement Number: XXXXXX
 Month and Year: October 2017 Beginning Inventory: 50

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	25	50	75	10	85	0	415
2	25	50	75	0	75	100	440
3	25	50	75	5	80	0	360
4	25	40	65	0	65	0	295
5	10	40	50	5	55	0	240
6	0	0	0	0	0	0	240
7	0	0	0	0	0	0	240
8	25	40	65	0	65	0	175
9	20	50	70	10	80	300	395
10	25	50	75	0	75	0	320
11	20	45	65	5	70	0	250
12	25	50	75	0	75	0	175
13	0	0	0	0	0	0	175
14	0	0	0	0	0	0	175
15	25	50	75	0	75	200	300
16	25	50	75	15	90	0	210
17	15	35	50	0	50	400	560
18	25	50	75	5	80	0	480
19	20	40	60	0	60	0	420
20	0	0	0	0	0	0	420
21	0	0	0	0	0	0	420
22	20	45	65	0	65	0	355
23	25	50	75	0	75	300	580
24	25	50	75	10	85	0	495
25	20	40	60	5	65	0	430
26	25	50	75	5	80	0	350
27	0	0	0	0	0	0	350
28	0	0	0	0	0	0	350
29	25	50	75	20	95	0	255
30	25	40	65	0	65	0	190
31	25	50	75	5	80	0	110
Totals	525	1065	1590	100	1690	1300	

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	50
B Month's milk purchases	1300
C Total milk available	1350
D Ending milk balance	110
E Total milk consumed	1240

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.