

# 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 [Forms](#) webpage.

Name of Town or School: \_\_\_\_\_

Agreement Number: \_\_\_\_\_

Month and Year: \_\_\_\_\_

Beginning Inventory:

Day	NUMBER OF MILKS SERVED TO CHILDREN			Column 4 Total Milk Served Adults	Column 5 Total 1/2 Pints Consumed Daily <span style="color: red;">(Column 3 plus column 4)</span>	Column 6 Total Daily Milk Delivery	Column 7 Milk Leftover at End of Day
	Column 1 Free	Column 2 Served/Paid	Column 3 Total Milk Served <span style="color: red;">(Column 1 plus column 2)</span>				
1							
2							
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26							
27							
28							
29							
30							
31							
<b>Totals</b>							

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

TOTAL MONTHLY MILK CONSUMED	
<b>A</b>	Beginning Inventory <span style="float: right;"><span style="background-color: yellow; border: 1px solid black; padding: 2px 20px;"></span></span>
<b>B</b>	Month's Milk Purchases <span style="float: right;"><span style="background-color: #ffcc99; border: 1px solid black; padding: 2px 20px;"></span></span>
<b>C</b>	Total Milk Available <span style="float: right;"><span style="border: 1px solid black; padding: 2px 20px;"></span></span>
<b>D</b>	Ending Milk Balance <span style="float: right;"><span style="border: 1px solid black; padding: 2px 20px;"></span></span>
<b>E</b>	Total Milk Consumed <span style="float: right;"><span style="background-color: #d8bfd8; border: 1px solid black; padding: 2px 20px;"></span></span>

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.**



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.

This form is available in Word at [www.sde.ct.gov/sde/lib/sde/word\\_docs/deps/nutrition/smp/smpcount.doc](http://www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/smp/smpcount.doc) and PDF at [www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/smp/smpcount.pdf](http://www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/smp/smpcount.pdf).

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- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;*
- (2) fax: (202) 690-7442; or*
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).*

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