Georgia Department of Education
School Nutrition Program

Production Record for Non-Reimbursable Foods

School _____ **System** _____ **Date** _____

Item*	Quantity Used*	Food Cost/Unit*	Total Food Cost*
(1)	(2)	(3)	(4)
*Required Items		TOTAL	$

Signature: _____

Position: _____

DE Form 0120, Revised June 2007