**Administrative Budget Worksheet for All Facilities**

Line H

Telephone

|  |  |
| --- | --- |
|  | If monitors are reimbursed for the following in CACFP or FDCH, indicate by placing a check mark in the appropriate column(s).***Center and Family Day Care Home charges should be highlighted on each monthly bill.*** |
| Monitor’s Name | Land-Line Telephone\* | Cellular Telephone\* | Electronic Mail\* | Fax\* | Pager Expenses\* |
| CACFP | FDCH | CACFP | FDCH | CACFP | FDCH | CACFP | FDCH | CACFP | FDCH |
|  | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
|  | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
|  | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
|  | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
|  | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
|  | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
|  | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
|  | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
|  | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |

**🞎** Monitors are NOT reimbursed for any telephone expenses.

|  |
| --- |
| **Description of Institution’s Policy on Personal and Business use of Communication Systems.** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

*Use additional pages if needed.*