

School System: _____ LEA # _____

Child Nutrition Program Operating Balance
Pass-Thru Relief Request
FY 2022

Did the FY 2022 Ending CNP Fund Balance (Fund Source 5101 + 5170) exceed one month of Expenditures, including Other Fund Uses? Yes No

**If “Yes”
Required to be completed if you wish to retain funds.**

Fund Source 5101
Pass-Thru Spreadsheet Calculation _____
Actual Pass-Thru (Special Use 0034) _____
Difference (Pass-Thru Relief Requested) _____

CNP Director Signature Printed Name Date

CSFO Signature Printed Name Date

LEA Superintendent Signature Printed Name Date

State Superintendent Signature Printed Name Date