

BFP Form 1

FOR THE MONTH OF _____, 2010

Region _____
 Division _____
 District _____

School: _____
Grade: _____ **Section** _____

[illegible]

Prepared by:

Noted by:

LEGEND			
A. Nutritional Status		B. Deworming	C. Actual Feeding
For 6-19 y.o	For below 6 y.o		
SW - Severely wasted	SU - Severely underweight	(X) - not dewormed	(✓) - Present, served
W - Wasted	U - Underweight	(✓) - dewormed	(A) - Absent, not served
N - Normal	N - Normal		(M) - Present, served twice
OW - Overweight	OW - Overweight		
Ob - Obese			

Feeding Teacher / School Nurse

School Principal / Head

822

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School : _____

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Noted by:

School Head

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BREAKFAST FEEDING PROGRAM
CONSOLIDATED NUTRITIONAL STATUS AND ATTENDANCE REPORT
FOR THE MONTH OF _____ 2010

GRADES AND SECTIONS	No. of Pupils Denominated	NUTRITIONAL STATUS																		PERCENTAGE ATTENDANCE			
		BEFORE						MIDDLE						AFTER									
		SW/SU	W/U	N	Ow	Ob	Total	SW/SU	W/U	N	Ow	Ob	Total	SW/SU	W/U	N	Ow	Ob	Total				
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11																							
12																							
13																							
14																							
15																							
16																							
17																							
18																							
19																							
20																							
TOTAL																						AVERAGE:	

School Head _____

BREAKFAST FEEDING PROGRAM

District: _____

Legend:	
<i>For 6-19 y.o</i>	<i>For below 6 y.o</i>
SW - Severely wasted	SU - Severely Underweight
W - Wasted	U - Underweight
N - Normal	N - Normal
OW - Overweight	OW - Overweight
Ob - Obese	

Noted by:

District Supervisor

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Division: _____

Legend:	
For 6-19 y.o	For below 6 y.o
SW - Severely Wasted	SU - Severely Underweight
W - Wasted	U - Underweight
N - Normal	N - Normal
OW - Overweight	OW - Overweight
Ob - Obese	

Noted by:

Schools Division Superintendent

BREAKFAST FEEDING PROGRAM

Region: _____

For 6-19 y.o.	For below 6 y.o.
SW - Severely Wasted	SU - Severely Underweight
W - Wasted	U - Underweight
N - Normal	N - Normal
OW - Overweight	OW - Overweight
Ob - Obese	

Noted by:

Regional Director

to C/

BREAKFAST FEEDING PROGRAM

RFQ/MARKET FORM

Ingredients <i>(a)</i>	Quantity for ___ Servings <i>(b)</i> <i>(Based from the Recipe Book)</i>	Quantity for 1 Serving <i>(c)</i> <i>(col b) / (# of servings for col b)</i>	Number of Beneficiaries <i>(d)</i>	Quantity for Procurement <i>(e)</i> <i>(col c) x (col d)</i>	Quoted Unit Cost <i>(f)</i>	Quoted Total Cost <i>(g)</i> <i>(col e) x (col f)</i>
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2						
3						
4						
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35						

Prepared by:

APPROVED BY:

2/2

NAME OF SCHOOL
NAME OF DISTRICT
NAME OF DIVISION
FOR THE PERIOD

SAMPLE ONLY

CASH DISBURSEMENT REGISTER

TYPE OF WORKING FUND : BREAKFAST FEEDING PROGRAM

DATE	REFERENCE (OR/ RER)	PAYEE / PARTICULARS	CASH ADVANCE			BREAKDOWN OF PAYMENTS		
			AMOUNT RECEIVED	PAYMENTS	BALANCE	FOOD SUPPLIES EXPENSE (758)	OFFICE SUPPLIES EXPENSE (755)	OTHER MOOE (969)
1	2	3	4	5	6 = 4-5	7	8	9
TOTAL			0	0	0	0		

Certified Correct: _____
Supporting Documents Complete

Noted: _____

PRINCIPAL/DISBURSING OFFICER
Date

DIVISION ACCOUNTANT
Date

SCHOOLS DIVISION SUPERINTENDENT
Date

Department of Education AM SUPPORT FOR Statement of Expenditures Division Summary Sheet

Category: BREAKFAST FEEDING PROGRAM

Period Covered:

Region:

Division:

SOE No.:[illegible]

Prepared by:

Certified Correct:

Division Accountant

Schools Division Superintendent

802

(Name of Office)

[illegible]

jirgybiernas / PPM / (Name of Office)

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