

# Sample Completed Special Milk Program (SMP) Daily Milk Count Form

Indicate the **number of half pints (8 fluid ounces) of milk** served in the SMP. For instructions, refer to the Connecticut State Department of Education's (CSDE) [Instructions for the Special Milk Program \(SMP\) Daily Milk Count Form](#).

Name of town or school: ABC School Agreement number: 000000

Month and year: March 2024 Beginning inventory:  

Column 1: Date	Column 2: Milk served to children: Free	Column 3: Milk served to children: Paid	Column 4: Milk served to children (column 2 plus column 3)	Column 5: Total milk served adults	Column 6: Total daily milk served (column 4 plus column 5)	Column 7: Total daily milk delivery	Column 8: Milk leftover at end of day
1	0	0	0	0	0	0	100
2	0	0	0	0	0	0	100
3	5	44	49	0	49	0	51
4	4	38	42	0	42	0	9
5	5	40	45	2	47	50	12
6	3	38	41	0	41	0	-29
7	5	40	45	0	45	100	26
8	0	0	0	0	0	0	26
9	0	0	0	0	0	0	26
10	0	0	0	0	0	0	26
11	5	42	47	0	47	50	29
12	4	40	44	0	44	50	35
13	4	43	47	2	49	100	86
14	5	40	45	0	45	0	41
15	0	0	0	0	0	50	91
16	0	0	0	0	0	0	91
17	3	40	43	0	43	75	123
18	4	45	49	0	49	0	74
19	5	44	49	0	49	0	25
20	4	42	46	2	48	100	77
21	4	43	47	0	47	0	30
22	0	0	0	0	0	0	30
23	0	0	0	0	0	0	30
24	5	40	45	1	46	100	84
25	5	44	49	1	50	0	34
26	4	43	47	2	49	100	85
27	3	40	43	0	43	0	42
28	4	42	46	5	51	100	91
29	0	0	0	0	0	0	91
30	0	0	0	0	0	0	91
31	5	44	49	0	49	0	42
<b>Total</b>	<b>86</b>	<b>832</b>	<b>918</b>	<b>15</b>	<b>933</b>	<b>875</b>	

On the Online Claim Form, record the column 2 total (free milk) in M5a and the column 3 total (paid milk) in M5b.

- A. **Beginning Inventory**      100      Number entered at top of form
- B. **Milk Purchases**          875      Column 7 (Total daily milk delivery)
- C. **Total Milk Available**      975      Add Beginning Inventory (A) and Milk Purchases (B)
- D. **Ending Milk Balance**      42      Number from column 8 (Total daily milk delivery) on the **last day** of the month.
- E. **Total milk served**          933      Subtract Ending Milk Balance (D) from Total Milk Available (C).  
This number must equal the total in column 6.

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For more information on the SMP, visit the CSDE's [Special Milk Program](#) webpage or contact the [SMP staff](#) at the Connecticut State Department of Education, Bureau of Child Nutrition Programs, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841. This form is available at [https://portal.ct.gov/-/media/sde/nutritionssp/daily\\_milk\\_count\\_form\\_smp.pdf](https://portal.ct.gov/-/media/sde/nutritionssp/daily_milk_count_form_smp.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; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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