

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
COMMODITY DISTRIBUTION
Receipt and Transfer Site Report**

FOOD TYPE	RECEIVED		AMOUNT ISSUED	LOSSES	REMAINING BALANCE
	CASES	PKGS.			

RECEIVED BY: _____ SIGNATURE AND DATE: _____

COMMENTS: (problems, persons turned away, number under served, additional quantities needed, & anything else)

FOOD TYPE	TRANSFERRED	
	CASES	PKGS.

NOTE: The balance returned and quantity issued must equal the quantity received. A count of the items issued on the white cards must be made to verify accuracy.

Number of households served: _____
Number of persons served: _____

Transfer From: _____ To: _____

(Transferring signature) (Receiving signature)

(Date of transfer) (Date received)