# THE EMERGENCY FOOD ASSISTANCE PROGRAM
## MONTHLY INVENTORY REPORT

### NAME OF ORGANIZATION:

### PROGRAM COORDINATOR:

### PHONE NUMBER:

### REPORT MONTH FOR:

(Areas A, B, C, D, E, and F are to be completed for whole case amounts only.)

<table>
<thead>
<tr>
<th>CODE #</th>
<th>USDA DONATED FOOD NAME / PACK SIZE</th>
<th>(A) BEGINNING BALANCE</th>
<th>(B) PRODUCT RECEIVED</th>
<th>(C) TOTAL A&amp;B</th>
<th>(D) PRODUCT ISSUED</th>
<th>(E) FOOD LOSS</th>
<th>(F) ENDING BALANCE</th>
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**Totals**  Fwd. to Expenditure & Request for Funds -  line

*FOOD LOSS: (circle reason)  in shipping  stolen  spoiled  destroyed  TOTAL POUNDS LOST:  

**ACTION TAKEN:**

Area within border to be completed by Subgrantee Agencies Only

**ESTIMATE OF REIMBURSEMENT COST:**  

**TOTAL DISTRIBUTION COST:**

**ESTIMATE OF UNPAID COST:**

**ESTIMATE OF VOLUNTEER HOURS:**

**SOUP KITCHENS:**

Total households served  Total persons served  Total individuals served

The above information is complete and correct to the best of my knowledge and is in compliance for program requirements.

**Signature, Program Coordinator:**

Date:

Complete this form on or after the last day of the month and submit with a completed Statement of Expenditures and Request for Funds if applicable to Commodity Distribution no later than the 25th of the following month. Mail to: Commodity Distribution, P O Box 1437, Slot S 337, Little Rock, AR 72119-1437

DCO-1841 (Rev. 08/05)