THE EMERGENCY FOOD ASSISTANCE PROGRAM MONTHLY INVENTORY REPORT

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NAME OF ORGANIZATION:						DATE:		
PROGRAM COORDINATOR:						COUNTY:		
PHONE NUM	IBER				REPORT	MONTH FOR:		
(Areas A, B, C, D, E, and F are to be completed for whole case amounts only.)			(A)	(B)	(C)	(D)	(E)	(F)
			BEGINNING	PRODUCT	TOTAL	PRODUCT	*FOOD	ENDING
CODE # U	SDA DONATED F	OOD NAME / PACK SIZE	BALANCE	RECEIVED	A&B	ISSUED	LOSS	BALANCE
						+ +		
*FOOD LOSS: (circle reason) in shipping stolen spoiled			d destroyed	TOTAL PC	UNDS LOST			
ACTION TAK	KEN:							
ESTIMATE OF REIMBURSEMENT COST: ESTIMATE OF UN						UNPAID COST:		
TOTAL DISTRIBUTION COST: ESTIMATE OF VOLUNTE						TEER HOURS:		
Public/mass distribution: Food pantry distribution:			Total persons served SOUP KITCHENS:					
The above info	ormation is complete a	Total households served nd correct to the best of my knowled			irements.		Total ind	lividuals served
	gram Coordinator:		.5e and is in complained i	or program roqu	in entento.	Date :		
Signature, Prog	gram Coorumator:					Date :		

REPORT DUE AT THE RIVER VALLEY REGIONAL FOOD BANK NO LATER THE THE 5TH OF THE FOLLOWING ISSUE MONTH.