Name of Agency: 
County: 
RA#: 
Name & Address of Loss Site: 
Date & Time of Loss: 
Phone: 

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<th>FOOD CODE</th>
<th>FOOD ITEM</th>
<th>QUANTITY</th>
<th>UNIT SIZE</th>
<th>PKG SIZE</th>
<th>CONTRACTION NUMBER</th>
<th>INVOICE NUMBER</th>
<th>DATE REC'D AT LOSS SITE</th>
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Reason for Loss: 

Documentation Attached:
- State of Arkansas Department of Health Destruction Report (all losses except theft)
- Letter of Circumstances (Must be submitted on all claims) Include the following:
  1. Circumstances surrounding the loss.
  2. Condition of foods upon receipt.
  3. Temperature of foods upon receipt (if applicable).
  4. Description of storage (was food on shelves or pallets away from wall, adequate space allowed, storage temperatures within range as specified by USDA, was storage locked)?
- Details of preventative or protective measures taken to avoid additional loss.
- Repair Invoice
- Temperature Logs (Current Month and Previous 2 Months)
- Police Report/Fire Report (if applicable)
- Insect & Rodent Control Records

Signature/Title: 
Date: 

DCO-1840 (R 07-2007)
INSTRUCTIONS

THIS FORM IS TO BE USED FOR REPORTING ALL LOSSES OF USDA DONATED FOODS. FORMS MUST BE COMPLETE. INCOMPLETE FORMS MAY RESULT IN REQUEST FOR PAYMENT.

Complete: Name of your facility, county, name and address of loss site, date and time of loss, and agency telephone number.

FOOD CODE
FOOD ITEM
QUANTITY
UNIT SIZE
PACKAGE DATE
CONTRACT NUMBER
INVOICE NUMBER AND DATE
DATE FOOD REC’D AT LOSS SITE
REASON FOR LOSS

FOOD CODE
FOOD ITEM
QUANTITY
UNIT SIZE
PACKAGE DATE
CONTRACT NUMBER
INVOICE NUMBER AND DATE
DATE FOOD REC’D AT LOSS SITE
REASON FOR LOSS

DOCUMENTATION

STATE OF ARKANSAS DEPARTMENT
OF HEALTH DESTRUCTION REPORT
LETTER OF CIRCUMSTANCE
REPAIR INVOICE
TEMPERATURE LOG
POLICE REPORT
INSECT AND RODENT CONTROL
RECORDS

SIGNATURE AND TITLE OF PERSON COMPLETING THIS FORM:

__________________________________________ DATE

For assistance with this form, call our office at 501/371-1400 or contact your Commodity Distribution Field Representative

Return Completed Form within 30 days of Food Loss to:

COMMODITY DISTRIBUTION
P.O. BOX 1437, SLOT S-337
LITTLE ROCK, AR  72203