



**ARKANSAS DEPARTMENT OF HUMAN SERVICES  
COMMODITY DISTRIBUTION OFFICE**

**FILL IN DATES YOU CANNOT ACCEPT COMMODITY DELIVERIES:**

*(Deliveries will not be rescheduled if non-delivery dates are not indicated on this form by the 25<sup>th</sup> of the previous month)*

<u>MONTH</u>	<u>YEAR</u>	<u>DAYS</u>
August	_____	_____
September	_____	_____
October	_____	_____
November	_____	_____
December	_____	_____
January	_____	_____
February	_____	_____
March	_____	_____
April	_____	_____
May	_____	_____

**SUBAGENT INFORMATION:**

*(If commodities are delivered to your facility, then you are your own subagent and you need to complete the following information.)*

**Sub-agent's Name** \_\_\_\_\_ **Sub-agent (SA) Number** \_\_\_\_\_

**Sub-agent's Address** \_\_\_\_\_

**Sub-agent's Dry Food Unload Address** \_\_\_\_\_

**Sub-agent's Cold/Freezer Unload Address** \_\_\_\_\_

**Sub-agent's Phone Number** \_\_\_\_\_  
**Sub-agent's Fax Number** \_\_\_\_\_

**Emergency/After-Hours Phone Number** \_\_\_\_\_

**SIGNATURES:**

**Name, Signature and Title of Person Completing this form:** \_\_\_\_\_

**Signature of Superintendent** \_\_\_\_\_  
**Date** \_\_\_\_\_