

**THE EMERGENCY FOOD ASSISTANCE PROGRAM  
STATEMENT OF EXPENDITURES AND REQUEST FOR FUNDS**

Agency Name \_\_\_\_\_ RA# \_\_\_\_\_  
 Address (Street or P O) \_\_\_\_\_ County \_\_\_\_\_  
 (City, State, Zip code) \_\_\_\_\_ Telephone \_\_\_\_\_  
 Claim Month / YR \_\_\_\_\_ Revised? Yes \_\_\_ No \_\_\_ Number of Households/persons served \_\_\_\_\_

**SECTION A. NUMBER OF CASES OF USDA COMMODITIES (LIST WHOLE CASES)**

BONUS Cases will NOT be reimbursed and will be tracked separately.

**BONUS CASES**

- |  |       |                 |       |
|--|-------|-----------------|-------|
| 1. Beginning Commodity Inventory                                 | _____ | Bonus Beginning | _____ |
| 2. Commodities Received This Month                               | _____ | Bonus Received  | _____ |
| 3. Inventory Adjustment (Explain)                                | _____ | Bonus Available | _____ |
| 4. Commodities Available for Distribution (total of lines 1,2,3) | _____ | Bonus Dist/Used | _____ |
| 5. Ending Commodity Inventory                                    | _____ | Bonus Ending    | _____ |
| 6. Commodities Distributed/Used (4 – 5 Do Not include BONUS)     | _____ |                 |       |
| 7. Maximum reimbursement equal to line 6 multiplied by \$ 2.50   | _____ |                 |       |

Maximum payment to Agency allowed is (smaller of total costs in section B) or (total of Section A, line 7 and Section B, lines 9 & 10)

**SECTION B. REIMBURSABLE DIRECT AND INDIRECT COST OF DISTRIBUTION**

- |  |          |          |
|--|----------|----------|
| 1. Storage expense (utility, etc.)   | \$ _____ |          |
| 2. Rent (building, equipment)  | _____    |          |
| 3. Transportation (foods between Agency sites)   | _____    |          |
| 4. Salaries, fringe & contract labor   | _____    |          |
| 5. Travel (mileage reimbursement)  | _____    |          |
| 6. Equipment (over \$5,000)  | _____    |          |
| 7. Supplies  | _____    | \$ _____ |
| 8. Other (must list) _____   | \$ _____ |          |
| _____  | _____    |          |
| _____  | _____    | \$ _____ |
| 9. Transporting USDA foods from State receiving point to Agency (documentation required) |          | \$ _____ |
| 10. Printing of USDA Application cards (documentation required)                          |          | \$ _____ |
| 11. Total Direct Costs of Storage & Distribution (lines 1 through 10)                    | \$ _____ |          |

Annual Agency Budget: \_\_\_\_\_ Less: Reimbursements\* \_\_\_\_\_ = Remaining Budget: \_\_\_\_\_

\*Do not include reimbursements for this invoice.

I certify to the best of my knowledge and belief this claim is true and correct in all respects. Records are available to support this claim in accordance with the terms of existing Agreement(s). Payment for this portion of the distribution has not been received. This agency recognizes it will be fully responsible for any excess amounts that may result from erroneous or neglectful reporting.

Signature of Agency Director: \_\_\_\_\_ Date: \_\_\_\_\_

Return with Monthly Inventory Report to: Commodity Distribution  
 P O Box 1437, Slot S 337, Little Rock, Arkansas 72203

**For State Use Only**

Signature of State Agency \_\_\_\_\_ Date \_\_\_\_\_

Maximum to be paid \_\_\_\_\_ 420545 10710 FG32 (Revised 06/08)

## INSTRUCTIONS

**Agency name:** Complete by listing name as it appears on the State of Arkansas vendor file.

**RA#:** Complete with the 4-digit number assigned to your Agency by Commodity Distribution.

**Address (street or P O):** complete Agency address as it appears on State of Arkansas vendor file.

**County:** list name(s) of counties served.

**City, State, and Zip code:** complete with information for street/P O address above.

**Claim month/YR:** complete month and year for information contained in this activity report.

**Revised:** check yes if a report was previously submitted for the month/year listed for this report.

**Number of households/persons served:** list total number served for the counties and month listed.

**SECTION A** (NOTE: Bonus Commodities will not be Reimbursed) Bonus Cases will be tracked separately.

1. **Beginning commodity inventory:** List number of unopened cases on 1<sup>st</sup> of the report month.  
Amount should agree with previous month's ending balance.
2. **Commodities Received this month:** List number of cases received on the 1<sup>st</sup> day through the last day of month.
3. **Inventory adjustment:** List number of cases gained or lost from beginning inventory. Documentation is required.
4. **Commodities available for distribution:** List total number of cases adding lines 1, 2, and 3.
5. **Ending Commodity Inventory:** List number of cases at closing on last day of month.
6. **Commodities distributed:** Subtract number of cases on line 5 from number listed on line 4, DO NOT include Bonus.
7. **Maximum reimbursement:** Number of cases on line 6 multiplied by \$ 2.50. Does NOT include BONUS. Maximum payment to Agency allowed is (smaller of total costs in section B) or (total of Section A, line 7 and Section B, lines 9 & 10)

### Section B

1. **Storage expense:** List amount for costs related to bldg. maintenance, utilities, and equipment repairs.
2. **Rent expense:** List amount for building or equipment used for storage or loading/unloading foods.
3. **Transporting USDA foods from Agency receiving point to distribution sites.**
4. **Salaries, fringe & contract labor:** List total for persons working TEFAP activities.
5. **Travel:** List total miles using Agency vehicle(s) to transport persons and materials to and from distribution locations multiplied by State reimbursement rate.
6. **Supplies:** List total for the supplies purchased for use in administrative and distribution activities.
7. **Equipment:** List amount for equipment purchases. (equipment must be valued @ \$ 5,000 or more)
8. **Other:** List type and cost of expenses that DO NOT meet the definitions above. Attach an additional page if more than three types of expenses.
9. **Transporting USDA foods from State receiving locations to Agency:** List amount charged to agency by transport company. (Documentation required)
10. **Printing of "Application for USDA Donated Foods":** List amount charged for set up and printing services. (Documentation required)
11. **Total direct costs of storage and distribution:** List total for section B, lines 1 through 10.

Include your annual budget and subtract all fiscal year reimbursements to arrive at your remaining budget prior to invoice.

**Signature of Agency Director:** Must be an original by the Agency Director on file with Commodity Distribution.

**Date:** List current date the form is signed.

A "Monthly Inventory Report" (DCO-1841) form as well as Clients served by County Report must be submitted by the 10<sup>th</sup> of the month following the Claim month with the "Expenditure of Expenses and Request for Funds".

The maximum payment to be approved is the smaller amount of Section B line 11 or Section A, line 7 plus Section B, line 9 and 10.