

# THE EMERGENCY FOOD ASSISTANCE PROGRAM MONTHLY INVENTORY REPORT

NAME OF ORGANIZATION: \_\_\_\_\_ DATE: \_\_\_\_\_

PROGRAM COORDINATOR: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ 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)
CODE #	USDA DONATED FOOD NAME / PACK SIZE	BEGINNING BALANCE	PRODUCT RECEIVED	TOTAL A&B	PRODUCT ISSUED	*FOOD LOSS	ENDING BALANCE
	<b>Total</b>	(1)	(2)	(4)	(6)	(3)	(5)

\*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: \_\_\_\_\_ ESTIMATE OF UNPAID COST: \_\_\_\_\_

TOTAL DISTRIBUTION COST: \_\_\_\_\_ ESTIMATE OF VOLUNTEER HOURS: \_\_\_\_\_

**FOOD PANTRIES:** \_\_\_\_\_ **Total households served**                      **Total persons served**                      **SOUP KITCHENS:** \_\_\_\_\_ **Total individuals served**

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

**Signature, Program Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_