SFPP

THE NEW JERSEY STATE FOOD PURCHASE PROGRAM

SUMMARY REPORT FOR FOOD PANTRIES

This form must be completed, along with the corresponding Signature Sheets, and returned to your Food Bank within 7 days after the end of the month. Failure to submit these reports will jeopardize your next food allocation.

AGENCY: _____ MONTH/YEAR: _____

AGENCY ID#: _____

ROW NUMBER	Food Items																					
1	NUMBER OF CASES ON HAND (From Prior Month's Ending Inventory)																					
2	NUMBER OF CASES RECEIVED FROM FOOD BANK																					
3	TOTAL CASES AVAILABLE FOR DISTRIBUTION (Add Row 1 and Row 2)																					
4	INVENTORY- COUNT UNOPENED CASES (Enter these numbers on Line 1 of next month's report)																					
5	TOTAL CASES DISTRIBUTED (Subtract Line 4 from Row 3)																					

I certify that the Foods listed in Row 5 were distributed to persons living in the state of New Jersey only. Each person who received food signed for foods on the SFPP signature sheet.

Number of Recipients Served: Adults: _____ Children: _____ TOTAL: _____

Number of Families Served: (SIGNATURES COLLECTED) _____

Total number of recipients and families served will determine the amopunt of SFPP foods

Signature of Agency Representative: _____

~IMPORTANT: Count Only Unopened Cases/ Open Cases As Needed/ Store All Unopened Cases Off The Floor~

NOTE- Please use additional sheets when needed