THE NEW JERSEY STATE FOOD PURCHASE PROGRAM (SFPP)
SUMMARY REPORT FOR SOUP KITCHENS AND SHELTERS

This form must be completed 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	COMMODITY																									
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 MEALS & SNACKS** ***(Add Row 1 and Row 2)***																									
4	**COUNT UNOPENED CASES** ***(Enter these numbers on Line 1 of Next Month's Report)***																									
5	**TOTAL CASES USED** ***(Subtract Line 4 from Row 3)***																									

I certify that the Foods listed in Row 5 were distributed to residents of the state of New Jersey only.

This number determines the amount of SFPP Foods your agency will be allocated in future months!

Number of meals served this month: Breakfast:_____ Lunch: _____ Dinner: _____ TOTAL: _____

Signature of Agency Representative:_____

Phone number: _____

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