THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
USDA COMMODITY SUMMARY REPORT FOR EMERGENCY 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

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	**END OF MONTH 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 USDA commodities listed in Row 5 were distributed to eligible recipients who have been pre-screened, and the required documentation has been kept on file. In addition, each eligible recipient who received commodities this month has completed a row on the Commodity Receipt form (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 amount of USDA foods your agency will be allocated in future months!

Signature of Agency Representative:_____

Phone number: _____

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