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

This form must be completed, along with the corresponding Commodity 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 NAME_____

AGENCY ID # __ __ __ __ __ __ __ MONTH / YEAR _____/_____

WHEN COMPLETING REPORT ONLY COUNT UNOPENED CASES

(Store All Unopened Cases Off The Floor And Open Them As Needed)

ROW NUMBER	*COMMODITIES (write in)* →	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1	NUMBER OF CASES ON HAND -- go back to your filed report (See Row # 4 from Prior Month's Ending Inventory)																							
2	NUMBER OF CASES RECEIVED FROM FOOD BANK (See this month's Order)																							
* 3	TOTAL CASES AVAILABLE FOR DISTRIBUTION (*Add Row # 1 and Row # 2 and write down total)																							
4	END OF MONTH INVENTORY FOR THIS MONTH (These #'s should also be written on next month's report Line # 1)																							
* 5	TOTAL CASES DISTRIBUTED (*Subtract Row # 4 from Row # 3 and write down total)																							

I certify that the USDA Commodities listed in Row # 5 were distributed to eligible recipients.

Total number of recipients and families served will determine the amount of USDA Commodities your Agency will be allocated in future months!

Number of Recipients Served: Adults_____ + Children _____ = _____

Number of Families Served:_____
Total Signatures Collected

Signature of Agency Representative:_____

NOTE: Please DO NOT fax reports. All reports must be mailed or walked in to Mrs. Carlea Milton-Sturdivant (908) 355-3663 ext. 239

This institution is an equal opportunity provider.