

# SFPP – The New Jersey State Food Purchase Program

## Commodity Acceptance Report



*This form must be submitted, along with the SFPP Summary Report, to the Food Bank by the 7<sup>th</sup> of the month. Failure to submit these forms will jeopardize your next food allocation.*

Agency Name: \_\_\_\_\_ Month/Year: \_\_\_\_\_ EFO: \_\_\_\_\_

	Date	Printed Name	# Adults	# Children	County	Full address	Zip Code
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
		Total Adults & Children					

- SFPP foods shall not be sold, exchanged, or otherwise disposed of without the approval of the NJDA
- Do not request proof of income.

This institution is an equal opportunity provider.