



Community FoodBank of NJ - Commodity Acceptance Sheet (Diaper Bank & Period Initiative)

Agency Name _____ Agency ID: _____

MONTH _____ YEAR _____ Distribution Location : _____
(If Different from Delivery Address)

DATE	PRINTED NAME	New	# of Adults	# of Children (0-18)	# of Children Served	# of Adult Diapers Distributed	# of Menstruators	# of Adults Served	Total # of Pads Distributed	ADDRESS
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

TOTAL # OF →

Total Children Served	Total # of Diapers Distributed	Total Menstruators	Total Adults Served	Total # of Pads Distributed
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