

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

AGENCY: _____ MONTH / YEAR: _____
 AGENCY ID#: _____

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.

ROW NUMBER	COMMODITY																				
1	NUMBER OF CASES ON HAND <i>(From Prior Month's Ending Inventory)</i>																				
2	NUMBER OF CASES RECEIVED FROM FOOD BANK																				
3	TOTAL CASES AVAILABLE FOR MEALS & SNACKS <i>(Add Row 1 and Row 2)</i>																				
4	COUNT UNOPENED CASES <i>(Enter these numbers on Line 1 of Next Month's Report)</i>																				
5	TOTAL CASES USED <i>(Subtract Line 4 from Row 3)</i>																				

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

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

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 ~

