THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
USDA COMMODITY SUMMARY REPORT FOR SOUP KITCHENS AND SHELTERS

AGENCY:_____

AGENCY ID#:_____

MONTH / YEAR:_____

ROW NUMBER	COMMODITY																							
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 MEALS & SNACKS** *(Add Row 1 and Row 2)*																							
4	**COUNT UNOPENED CASES** *(Enter these numbers on Line 1 of Next Month's Report)*																							
5	**TOTAL CASES USED** *(Subtract Line 4 from Row 3)*																							

I certify that the USDA commodities listed in Row 5 were used to feed eligible recipients.

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

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 ~