THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) USDA COMMODITY SUMMARY REPORT FOR EMERGENCY FOOD PANTRIES AGENCY NAME												(c	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												
AGENCY ID #		,		0	$\circ \circ$	~	_ *	these reports will jeopardize your next food allocation.																	
							′	-									_			/_					
WHEN COMPL																									
	(Si	tore	AII (Uno _l	pene	ea C	ase	S OI	T IN	e ric	00 <i>r 1</i>	4 <i>na</i>	Ορε	?n i.	nem	AS	wee	aea	_	1	П				
COMMODITIES (write												•													
NUMBER OF CASES ON HAND go back to your filed report (See Row # 4 from Prior Month's Ending Inventory)																									
NUMBER OF CASES RECEIVED FROM FOOD BANK (See this month's Order)																									
TOTAL CASES AVAILABLE FOR DISTRIBUTION (*Add Row # 1 and Row # 2 and write down total)																									
END OF MONTH INVENTORY FOR THIS MONTH (These #'s should also be written on next month's report Line # 1)																									
TOTAL CASES DISTRIBUTED (*Subtract Row # 4 from Row # 3 * 5 and write down total)																									
I certify that the USDA Commodities listed in Row # 5 were distributed to eligible recipients. Number of Recipients Served: Adults + Children = Number of Fam Total Signature.																		Total number of recipients and families served will determine the amount of USDA Commodities your Agency will be allocated in future months!							
Signature of Agency Representative:																									
NOTE: Please DO NOT fax reports.	All re	ports	must	be ma	ailed (or wa	lked ir	۱.											_	-					

This institution is an equal opportunity provider.