

The Emergency Food Assistance Program (TEFAP)

USDA FOODS SUMMARY REPORT FOR EMERGENCY FOOD PANTRIES



AGENCY: _____

Agency ID #: _____

Month / Year: _____

EFO Name: _____

This form must be submitted, along with the TEFAP USDA Foods Acceptance Form, to the Food Bank by the 7th of the month. Failure to submit these forms will jeopardize your next food allocation.

	USDA Foods description ⇨															
1	Number of full cases on hand															
2	Number of cases received from EFO															
3	Total cases available for distribution <i>(Add Row 1 and Row 2)</i>															
4	End of month Inventory-Count only 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>															

I certify that the Foods listed in Row 5 were distributed to eligible recipients who have current required documentation on file. Each recipient who received TEFAP foods this month has completed a row of the USDA Foods Acceptance form.

Number of recipients served this month: **Adults:** _____ **Children:** _____ **Total Families:** _____

Signature of Agency Representative: _____

** The total number of recipients served determine the amount of USDA foods received for future deliveries

This institution is an equal opportunity provider.

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