

## THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) USDA COMMODITY SUMMARY REPORT FOR EMERGENCY FOOD PANTRIES

AGENCY: \_\_\_\_\_

MONTH / YEAR: \_\_\_\_\_

AGENCY ID#: \_\_\_\_\_

This form must be completed, along with the corresponding Signature Sheets, 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	Food Items																			
1	<b>NUMBER OF CASES ON HAND</b> <i>(From Prior Month's Ending Inventory)</i>																			
2	<b>NUMBER OF CASES RECEIVED FROM FOOD BANK</b>																			
3	<b>TOTAL CASES AVAILABLE FOR DISTRIBUTION</b> <i>(Add Row 1 and Row 2)</i>																			
4	<b>END OF MONTH INVENTORY - COUNT UNOPENED CASES</b> <i>(Enter these numbers on Line 1 of Next Month's Report)</i>																			
5	<b>TOTAL CASES DISTRIBUTED</b> <i>(Subtract Line 4 from Row 3)</i>																			

I certify that the USDA commodities listed in Row 5 were distributed to eligible recipients who have been pre-screened, and the required documentation has been kept on file. In addition, each eligible recipient who received commodities this month has completed a row on the Commodity Receipt form (signature sheet).

Number of Recipients Served: **Adults:** \_\_\_\_\_ **Children:** \_\_\_\_\_ **Total:** \_\_\_\_\_ **Number of Families Served:** \_\_\_\_\_  
*(SIGNATURES COLLECTED)*

Signature of Agency Representative: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Total number of recipients and families served will determine the amount of USDA foods your agency will be allocated in future months!

**~ IMPORTANT: Count Only Unopened Cases / Open Cases As Needed / Store All Unopened Cases Off The Floor ~**