Community Action Partnership of San Bernardino County
Food Bank Program
CONGREGATE FEEDING AGENCY (CFA)
MONTHLY INVENTORY REPORT

FOR THE ENDING MONTH OF: _____

REPORTING AGENCY: _____

CITY & ZIP CODE: _____

CONTACT PERSON: _____ PHONE:( )_____

INVENTORY CONTROL

DATE RECEIVED: _____

Commodities	Cases Received	Cases or Units Left Over	Cases or Units Returned	Cases or Units Unaccounted

Inventory not accounted for must be explained below.

Comments: _____

_____

The information provided is true and accurate to the best of my knowledge.

_____ _____
Authorized Signature Date