TEMPORARY EMERGENCY FOOD ASSISTANCE PROGRAM
MONTHLY REPORT OF HOUSEHOLD PARTICIPANTION
AND INVENTORY CONTROL

FOR THE MONTH OF: _____

Reporting Agency: _____

Address: _____

City & Zip Code: _____

Contact Person: _____Telephone #-(___)_____

Distribution Date: _____Number of Household Served: _____

INVENTORY CONTROL

Date Received: _____

Wt. Units	Commodities	Units Received	Units Left Over	Number People In Household Served	Units Returned	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**