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AGENCY NAME AND NUMBER #

THIS REPORT IS DUE TEN DAYS AFTER THE END OF EACH MONTH. FILL IN THE MONTH YOU ARE REPORTING:

CIRCLE the month you are reporting:

January	February	Marc	ch /	April	May	June	July	August	September	October	November	Decemb	er	Year 2	021
NUMBER OF INDIVIDUAL CANS AND BAGS			IAME	E OF FO	DOD IT	TEM					ΙΙ				
beginning	dities on hand a of month. revious month)														
	dities received B during month	1.													
	dities received r CVFB and	as													
4. Total of	lines 1, 2 and 3	3.													
	dities distribute als and familie														
	dities on hand a the month. (Lin nonth)														
7. Damage	d during month	1.													
8. Total of	Lines 5, 6 and	7.													

NUMBER OF	NAME OF FOOD ITEM												
INDIVIDUAL CANS AND BAGS													
1. Commodities on hand at beginning of month. (Line 6 previous month)													
2. Commodities received from CVFB during month.													
3. Commodities received as transfer per CVFB and U.S.D.A.													
4. Total of lines 1, 2 and 3.													
5. Commodities distributed to individuals and families.													
6. Commodities on hand at the end of the month. (Line 1 of next month)													
7. Damaged during month.													
8 .Total of Lines 5, 6 and 7.													
HECK YOUR WORK. Line 4 should match Line 8. If line 4/8 do not match, please explain the difference in the comments section. Explain any damages/inventory													

 \mathbf{C} discrepancies in comments section and report on Line 7 items you have to discard because of damages.

	Unique	Duplicated
Age Group: Individuals		
# children (0-17)		
# adults (18-59)		
# seniors (60+)		
Estimated DOB		
# Individuals Served		
# Households Served		

^{*}these numbers are found on your Link2Feed Pantry Report – note difference between "unique" and "duplicated"

Signature:				
Signature:				