

**THE COMMODITY SUPPLEMENTAL FOOD PROGRAM
INVENTORY REPORT**

Agency Name: _____ Agency ID: _____

This report is a requirement of the program and MUST be turned in to Feed More

This inventory report is for (check one below)

Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun

YEAR: <u>202</u>	Menu #	Menu #	Menu #	Menu #	CSFP Menu Total	Cheese Inventory
1. Quantity remaining from last month.						
2. Quantity received from Feed More this month.						
3. Inventory available to distribute this month. (Sum line 1 and line 2 together)						
4. Quantity issued to beneficiaries this month						
5. Quantity damaged this month.						
6. Quantity remaining to be distributed next month. (Subtract line 4 and line 5 from line 3.)						

The neighbor sign-in sheet for this month's distribution was completed via Link2Feed.

Comments:

By signing I certify that the information provided in this report is accurate and that any remaining CSFP commodities are being stored in accordance with USDA's storage requirements.

Your Name: _____ Signature: _____ Date: ____/____/20____

