



# MONTHLY TEFAP DISTRIBUTION REPORT

AGENCY NAME AND NUMBER		#
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THIS REPORT IS DUE TEN DAYS AFTER THE END OF EACH MONTH. CIRCLE THE MONTH YOU ARE REPORTING:

January	February	March	April	May	June	July	August	September	October	November	December	Year 201__
NUMBER OF INDIVIDUAL CANS AND BAGS	NAME OF FOOD ITEM											
1. Commodities on hand at beginning of month. <i>(Line 6 previous month)</i>												
2. Commodities received from Feed More during month.												
3. Commodities received as transfer per Feed More.												
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.												
7. Damaged during month.												
8. Total of Lines 5, 6 and 7.												

Continue totals on page 2

NUMBER OF INDIVIDUAL CANS AND BAGS	NAME OF FOOD ITEM												
1. Commodities on hand at beginning of month. <i>( Line 6 previous month)</i>													
2. Commodities received from Feed More during month.													
3. Commodities received as transfer per Feed More.													
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.													
7. Damaged during month.													
8 .Total of Lines 5, 6 and 7.													

CHECK YOUR WORK. Line 4 should match Line 8. If they do not match, please explain the difference in the comments section below. Report on Line 7 items discarded due to damage.

**Total households** received food during the month: \_\_\_\_\_

**Signature:** \_\_\_\_\_

CHILDREN \_\_\_\_\_ Under 18  
 ADULTS \_\_\_\_\_ 18-59  
 SENIORS \_\_\_\_\_ 60+

Print Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Total individuals** received food during the month: \_\_\_\_\_

**Date:** \_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_