Print Form

THE EMERGENCY FOOD ASSISTANCE PROGRAM
MONTHLY COMMODITY CLIENTS SERVED REPORT

AGENCY NAME ______________________________

ADDRESS ______________________ **City, State,ZIP** ______________________

Contact Person ______________________ **PHONE** ______________________

MONTH AND YEAR ______________________

COUNTY	FAMILIES SERVED	INDIVIDUALS SERVED	SOUP KITCHENS

This report is to be filed with the Monthly Inventory Report and Must be Included with Expenditure Request for Funds Report. If you serve more counties then available space, use multiple sheets.

(07/07)