



**THE EMERGENCY FOOD ASSISTANCE PROGRAM
STATEMENT OF EXPENDITURES AND REQUEST FOR FUNDS**



Bill To: ADE Food Distribution Unit, PO Box 1437, Slot S-337, Little Rock, AR, 72203-1437

Agency Name: _____	Vendor #: _____
Address (Street or PO): _____	County: _____
City, State, Zip Code: _____	Telephone: _____
Claim Month/YR: _____ Invoice Date: _____	Revised: Yes: _____ No: _____
Number of Households/Persons served: _____	Invoice #: _____

SECTION A. NUMBER OF CASES OF USDA COMMODITIES (LIST WHOLE CASES)

BONUS Cases will not be reimbursed. You are to track separately in the column to the right.

BONUS CASES

1. Beginning Commodity Inventory: _____	Bonus Beginning: _____	0
2. Commodities Received This Month: _____	Bonus Received: _____	
3. Inventory Adjustment (Explain): _____	Bonus Available: _____	
4. Comm. Available for Distribution (total lines 1, 2, 3): _____	Bonus Distributed: _____	
5. Ending Commodity Inventory: _____	Bonus Ending: _____	0
6. Comm. Distributed to the Public (Do not include BONUS): _____		
7. Maximum Reimbursement equal to line 6 x \$2.50: _____		
8. Printing of USDA Application Cards: _____		
9. Total of lines 7 and 8: _____		\$0.00

Maximum Payment to Agency allowed is (smaller of total costs in Section B) or (Total of Section A, line 7 and Section B, Lines 9 and 10).

SECTION B. REIMBURSABLE DIRECT AND INDIRECT COST OF DISTRIBUTION

1. Storage Expense (Utility, etc): _____	\$0.00
2. Rent (Building, equipment) _____	
3. Transportation (foods between Agency sites): _____	\$0.00
4. Salaries, fringe, contract labor: _____	
5. Travel (mileage reimbursement): _____	
6. Equipment (over \$5,000) _____	\$0.00
7. Supplies: _____	
8. Other (must List):	
Audit _____	\$0.00
Admin _____	
Accounting _____	\$0.00
9. Transporting USDA foods from State Receiving point to Agency (documentation Required): _____	
10. Printing of USDA Application Cards (documentation required): _____	
11. Total Direct Costs of Storage & Distribution (lines 1 through 10): _____	\$0.00

Annual Agency Budget: _____ Less: Reimbursements: _____ (=) Remaining Budget: _____ \$0.00

I certify to the best of my knowledge and belief that this claim is true and correct in all aspects. Records are available to support this claim in accordance with the terms of existing Agreement(s). Payment for this portion of the distribution has not been received. This Agency recognizes it will be fully responsible for any excess amounts that may result from erroneous or neglectful reporting.

Signature of Agency Director: _____ Date: _____

Return with Monthly Inventory and Clients Served to: Food Distribution Unit
PO Box 1437, Slot S-337, Little Rock, Arkansas 72203-1437

For State Use Only

Signature of State Agency: _____	Date: _____
Maximum to be paid: _____	Revised: 09/23

