

THE EMERGENCY FOOD ASSISTANCE PROGRAM

MONTHLY INVENTORY REPORT

NAME OF ORGANIZATION: _____ DATE: _____

PROGRAM COORDINATOR: _____ COUNTY: _____

PHONE NUMBER: _____ REPORT MONTH FOR: _____

(Areas A, B, C, D, E, and F are to be completed for whole case amounts only.)

		(A)	(B)	(C)	(D)	(E)	(F)
CODE #	USDA DONATED FOOD NAME / PACK SIZE	BEGINNING BALANCE	PRODUCT RECEIVED	TOTAL A&B	PRODUCT ISSUED	*FOOD LOSS	ENDING BALANCE
	Total	(1)	(2)	(4)	(6)	(3)	(5)

*FOOD LOSS: (circle reason) in shipping stolen spoiled destroyed TOTAL POUNDS LOST: _____

ACTION TAKEN: _____

Area within border to be completed by Subgrantee Agencies Only

ESTIMATE OF REIMBURSEMENT COST: _____	ESTIMATE OF UNPAID COST: _____
TOTAL DISTRIBUTION COST: _____	ESTIMATE OF VOLUNTEER HOURS: _____

FOOD PANTRIES: _____ **SOUP KITCHENS:** _____

Total households served
Total persons served
Total individuals served

The above information is complete and correct to the best of my knowledge and is compliance with the agreement for program requirements.

Signature, Program Coordinator: _____ **Date:** _____

Complete this form on or after the last day of the month and submit the report to the Food Distribution Unit no later than the 25th of the following month.
 Mail to: Food Distribution Unit, P O Box 1437, Slot S 337, Little Rock, AR 72119-1437 or send by Email to: oeccommodities@ade.arkansas.gov. (Rev. 11/2023)