

EMERGENCY FOOD ASSISTANCE PROGRAM SOUP KITCHEN PERPETUAL INVENTORY REPORT

Agency Name: _____		Acct#: _____	
USDA Commodity:	USDA Commodity:		
Previous Month Balance: _____	Previous Month Balance: _____		
Amount Received: _____	Amount Received: _____		
Amount Consumed: _____	Amount Consumed: _____		
Ending Monthly Balance: _____	Ending Monthly Balance: _____		
USDA Commodity:	USDA Commodity:		
Previous Month Balance: _____	Previous Month Balance: _____		
Amount Received: _____	Amount Received: _____		
Amount Consumed: _____	Amount Consumed: _____		
Ending Monthly Balance: _____	Ending Monthly Balance: _____		
USDA Commodity:	USDA Commodity:		
Previous Month Balance: _____	Previous Month Balance: _____		
Amount Received: _____	Amount Received: _____		
Amount Consumed: _____	Amount Consumed: _____		
Ending Monthly Balance: _____	Ending Monthly Balance: _____		
USDA Commodity:	USDA Commodity:		
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Amount Received: _____	Amount Received: _____		
Amount Consumed: _____	Amount Consumed: _____		
Ending Monthly Balance: _____	Ending Monthly Balance: _____		
USDA Commodity:	USDA Commodity:		
Previous Month Balance: _____	Previous Month Balance: _____		
Amount Received: _____	Amount Received: _____		
Amount Consumed: _____	Amount Consumed: _____		
Ending Monthly Balance: _____	Ending Monthly Balance: _____		
USDA Commodity:	USDA Commodity:		
Previous Month Balance: _____	Previous Month Balance: _____		
Amount Received: _____	Amount Received: _____		
Amount Consumed: _____	Amount Consumed: _____		
Ending Monthly Balance: _____	Ending Monthly Balance: _____		
If distribution day and time has changed please submit your new food distribution day & time.			
Day: _____	Time: _____		

PLEASE RETURN BY THE 5TH BUSINESS DAY OF THE MONTH TO:

TEFAPREPORTS@LAFOODBANK.ORG

1734 E. 41st. ST. , Los Angeles, Ca 90058-1502

PHONE: (323)234-3030 EXT 121