



SOUP KITCHEN MONTHLY PARTICIPATION REPORT

Month:		Year:		Agency Name: _____	
DATE	MEALS	PERSONS	Account#: _____		
1			Distribution Site Address: _____ _____		
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13			Contact Person: _____		
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25			Please return by the 5th business day of the month to: Los Angeles Regional Food Bank Attention: TEFAP REPORTS 1734 E. 41st Street, Los Angeles, CA 90058 Phone (323) 234-3030 TEFAPREPORTS@lafoodbank.org		
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31			The information provided is true & accurate to the best of my knowledge.		

TOTALS:	0	0	Signature:	Date:
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