



Extra Helpings Report

Agency Name: _____

Month/Year: _____

Agency Number: _____

Donor Name: _____

Donor Name: _____

Donor Name: _____

Donor Address: _____

Donor Address: _____

Donor Address: _____

Received

Received

Received

Bakery _____ lbs.

Bakery _____ lbs.

Bakery _____ lbs.

Beverages _____ lbs.

Beverages _____ lbs.

Beverages _____ lbs.

Dairy _____ lbs.

Dairy _____ lbs.

Dairy _____ lbs.

Meat _____ lbs.

Meat _____ lbs.

Meat _____ lbs.

Mix/Grocery _____ lbs.

Mix/Grocery _____ lbs.

Mix/Grocery _____ lbs.

Prepared/Perishable _____ lbs.

Prepared/Perishable _____ lbs.

Prepared/Perishable _____ lbs.

Produce _____ lbs.

Produce _____ lbs.

Produce _____ lbs.

Non Food/Other _____ lbs.

Non Food/Other _____ lbs.

Non Food/Other _____ lbs.

Total Pounds #: _____ 0 lbs.

Total Pounds #: _____ 0 lbs.

Total Pounds #: _____ 0 lbs.

Reports must be submitted to the Agency Relations department no later than the 5th business day of the month.

Submit your reports to the Extra Helpings Team at extrahelpings@lafoodbank.org