



## SOUP KITCHEN MONTHLY PARTICIPATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES FOOD DISTRIBUTION BUREAU

State of California Health And Welfare Agency

Month:		Year:
DATE	MEALS	PERSONS
1		
2		
3		
4		
5		
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7		
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26		
27		
28		
29		
30		
31		
TOTALS:		0

Agency Name: \_\_\_\_\_

Account#: \_\_\_\_\_

Distribution Site Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_

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 ext. 121  
[TEFAPREPORTS@lafoodbank.org](mailto:TEFAPREPORTS@lafoodbank.org)

The information provided is true & accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_