

THE EMERGENCY FOOD ASSISTANCE PROGRAM

Revised 1/8/2017

AGENCY MONTHLY INVENTORY REPORT - ENTITLEMENT

NAME OF ORGANIZATION: _____ DATE: _____

NAME: _____ COUNTY: _____

PHONE NUMBER: _____ REPORTING MONTH: _____

(Full cases to be counted for inventory)

FOOD LOSS: ATTACH COPY OF FOOD LOSS REPORT TO INVENTORY

CODE#	USDA DONATED FOOD NAME	BEGINNING BALANCE	PRODUCT RECEIVED	TOTAL A & B	PRODUCT ISSUED	FOOD LOSS	ENDING BALANCE
100899	APPLE CRANBERRY JUICE						
100893	APPLE JUICE						
100207	APPLE SAUCE						
100367	BEANS - BLACK EYE PEAS CAN						
100374	BEANS - BLACK EYE DRY						
100380	BEANS - GREAT NORTHERN						
100306	BEANS - GREEN CANNED						
100385	BEANS - RED KIDNEY						
100361	BEANS - REFRIED CANNED						
100363	BEANS - VEGETARIAN CANNED						
100526	BEEF STEW - CANNED						
110471	CANNED SALMON - PINK						
100308	CARROTS SLICED - CANNED						
100311	CORN WHOLE KERNEL - CANNED						
100433	EGGNOODLE						
100895	GRAPE JUICE						
100896	GRAPEFRUIT JUICE						
100388	LENTILS DRY						
100211	MIXED FRUIT - CANNED						
100218	PEACH SLICES - CANNED						
100223	PEARS - CANNED						
100382	PINTO BEANS						
100337	POTATOES - INSTANT MASH						
100331	POTATOES SLICED - CANNED						
100435	ROTINI PASTA						
110450	SPAGHETTI PASTA						
101035	SPAGHETTI PASTA - Whole Grain						
100335	SPAGHETTI SAUCE-MEATLESS						
100323	SPINACH						
155247	SWEET PEAS						
100328	TOMATO DICED - CANNED						
100333	TOMATO SAUCE - CANNED						
100320	VEG MIX - CANNED						
100321	VEGETABLE SOUP - CANNED						
100908	WALNUTS						
TOTAL							

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

Signature: _____ Date: _____

Complete this form on or after the last day of the month and submit the report to Harvest Regional Food Bank:

Mail to: P.O. Box 707, Texarkana, TX 75504 **Fax:** (870) 774-1905 **Email:** Programs@HRFB.org

THE EMERGENCY FOOD ASSISTANCE PROGRAM

Revised 1/8/2017

AGENCY MONTHLY INVENTORY REPORT - BONUS

NAME OF ORGANIZATION: _____ DATE: _____

NAME: _____ COUNTY: _____

PHONE NUMBER: _____ REPORTING MONTH: _____

(Full cases to be counted for inventory)

FOOD LOSS: ATTACH COPY OF FOOD LOSS REPORT TO INVENTORY

CODE#	USDA DONATED FOOD NAME	BEGINNING BALANCE	PRODUCT RECEIVED	TOTAL A & B	PRODUCT ISSUED	*FOOD LOSS	ENDING BALANCE
194208	APPLE CHERRY JUICE						
110623	BLUEBERRY HIGHBUSH FRZ CTN						
110652	CANNED SALMON - RED						
100449	CEREAL - CORN FLAKES						
100929	CEREAL -TOASTED OATS						
110094	CHICKEN LEG QTRS - 4/10 lb						
100300	CRANBERRIES - DRIED						
100275	CRANBERRY JUICE						
100213	CRANBERRY SAUCE						
100236	CHERRIES - DRIED						
110782	EGGS - WHOLE FRZ CTN						
100352	FROZEN CARROTS						
100236	FROZEN CHERRIES						
100895	GRAPE JUICE						
100896	GRAPEFRUIT JUICE						
100065	MILK 1%						
100211	MIXED FRUIT						
100897	ORANGE JUICE						
100277	ORANGE JUICE SINGLES FRZ						
100395	PEANUT BUTTER						
100295	RAISINS						
100908	WALNUTS						
TOTAL							

FOOD PANTRIES _____
Total Households Served

_____ Total Persons Served

SOUP KITCHEN _____
Total Individuals Served

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Signature: _____ Date: _____

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