

THE EMERGENCY FOOD ASSISTANCE PROGRAM

Revised 3/9/2018

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
100894	APPLE CHERRY JUICE			0			0
100893	APPLE JUICE			0			0
100207	APPLE SAUCE			0			0
100367	BEANS - BLACK EYE PEAS			0			0
100374	BEANS - BLACK EYE PEAS DRY			0			0
100306	BEANS - GREEN CANNED			0			0
100363	BEANS - VEGETARIAN CANNED			0			0
100526	BEEF STEW - CANNED			0			0
100139	CANNED PORK			0			0
100308	CARROTS - CAN			0			0
110374	CEREAL - TOASTED WHEAT			0			0
110478	CHICKEN BONED CAN			0			0
100310	CORN - CREAM STYLE			0			0
100433	EGGNOODLE			0			0
100211	MIXED FRIUT - CANNED			0			0
100218	PEACH SLICES - CAN			0			0
100395	PEANUT BUTTER			0			0
100223	PEARS - CAN			0			0
100314	PEAS - CAN			0			0
100382	PINTO BEANS			0			0
100337	POTATOES - INSTANT MASH			0			0
100331	POTATOES SLICES - CAN			0			0
100491	RICE			0			0
110450	SPAGHETTI PASTA			0			0
100335	SPAGHETTI SAUCE MEATLESS			0			0
100328	TOMATO DICED - CAN			0			0
100320	VEG MIX - CAN			0			0
100182	USDA FULLY COOKED FRZN HAM			0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
TOTAL		0	0	0	0	0	0

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 3/9/2018

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
100242	BLUEBERRY - FROZEN			0			0
100275	CRANBERRY JUICE			0			0
100213	CRANBERRY SAUCE			0			0
100895	GRAPE JUICE - CONCORD			0			0
100295	RAISINS 24/15 OZ			0			0
100293	RAISINS BOX-144/1.33 OZ			0			0
110345	FROZEN POLLOCK FILLETS			0			0
100384	KIDNEY BEANS			0			0
100375	SMALL RED BEANS - DRY			0			0
110904	USDA SLICED TURKEY BRST			0			0
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				0			0
				0			0
				0			0
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				0			0
TOTAL		0	0	0	0	0	0

FOOD PANTRIES _____
 Total Households Served

_____ Total Persons Served

SOUP KITCHEN _____
 Total Individuals Served

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Signature: _____ Date: _____

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