ARKANSAS FOODBANK

EMERGENCY FOOD ASSISTANCE PROGRAM

INVENTORY REPORT

Name of Organization: _____ Date: _____

Program Coordinator: _____ County: _____

Report for Month of: _____ Phone #: _____

Donated Food Item	Beginning Balance (Cases)	Amount Received (Cases)	Available for Distribution (Cases)	Amount Issued (Cases)	Losses	Remaining Undistributed (Cases)

Lost, Stolen, Spoiled, Destroyed: _____lbs

Estimate of Reimbursement Cost: _____

Total Distribution Cost: _____

NUMBER OF HOUSEHOLDS SERVED: _____

Action Taken: _____

Estimate of Unpaid Cost: _____

Estimate of Volunteer Cost: _____

NUMBER OF PERSONS SERVED: _____

The above report is certified to be true to the best of my knowledge and in compliance with agreement of Foodbank Program requirements.

Return original on or before the 5th of each month to:

ARKANSAS FOODBANK
4301 W. 65TH ST.
LITTLE ROCK, AR 72209 OR FAX TO: (501) 565-0180

_____

Signature – Program Coordinator