



# USDA/TEFAP COMMODITIES MONTHLY REPORT

Report for the Month of \_\_\_\_\_, 20 \_\_\_\_\_

Partner Name \_\_\_\_\_ Partner # \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

## Monthly Totals:

HOUSEHOLDS served this month \_\_\_\_\_ (Number of clients that checked YES)

PEOPLE served this month \_\_\_\_\_ (Number of people in each household that checked YES)

HOUSEHOLDS that checked NO \_\_\_\_\_

People turned away \_\_\_\_\_

**RETURN THIS FORM WITHIN 5 BUSINESS DAYS FOLLOWING YOUR LAST DISTRIBUTION OF THE MONTH TO:**

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Fax: 951-359-8314

**EMAIL SCANS OF COMPLETED REPORTS PREFERRED**

**\*Please avoid sending pictures\***