



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:

Lawrence Hills

Email: lhills@feedingamericaie.org

Phone: 951-359-4757 Ext. 124

Fax: 951-359-8314

EMAIL SCANS OF COMPLETED REPORTS PREFERRED

Please avoid sending pictures