



## 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:**

**Alexandria Conchas**

**Email: [aconchas@feedingamericaie.org](mailto:aconchas@feedingamericaie.org)**

**Phone: 951-359-4757 Ext. 124**

**Fax: 951-359-8314**

**EMAIL SCANS OF COMPLETED REPORTS PREFERRED**

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