



USDA/TEFAP COMMODITIES MONTHLY REPORT

Report for the Month of _____, 20 _____

Date this report was prepared _____

Partner Name _____ Partner # _____

Mailing Address _____

City _____, CA Zip Code _____

Contact Person _____ Phone _____

Total number of **HOUSEHOLDS** served this month _____ *(Number of clients that received USDA)*

Total number of **PEOPLE** served this month _____ *(Number of people in each household)*

Total number of **PEOPLE** turned away _____

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

Jacqueline Villalobos

Email: jvillalobos@feedingamericaie.org

Phone: 951-359-4757 Ext. 129

Fax: 951-359-8314

****ONLY EMAIL SCANS/FAX/MAILED EFA-7s & MONTHLY REPORTS ACCEPTED****