MONTHLY TEFAP REPORT

October 2020 through September 2021

TEFAP Agency: _____ Date: _____

Agency Number: _____ Phone: _____ For Month ending: _____

Commodity Name	Beginning Inventory	+	Qty In	=	Total	-	Qty Dist.	=	Balance	Loss or Gain (+/-)	**Inventory**
					0				0		0
					0				0		0
					0				0		0
					0				0		0
					0				0		0
					0				0		0
					0				0		0
					0				0		0
					0				0		0
					0				0		0
					0				0		0
					0				0		0
					0				0		0
					0				0		0
					0				0		0
					0				0		0
					0				0		0
					0				0		0
					0				0		0

Number of households served this month: _____ People: _____

Comments/Explanations: _____

Signed: _____ Title: _____

Email: rguyer@foodbankofalaska.org or fax: 907-277-7368

****RETURN TO FBA BY 5TH OF EVERY MONTH FOLLOWING MONTH REPORTED**