FOOD BANK OF THE ALBEMARLE MONTHLY TEFAP INVENTORY REPORT
April - May - June
Distribution for the month of _____

Name of Food Pantry _____

	1	2	3		4	5	6	7	8
Quantity of Distribution per Household	**NAME OF COMMODITY**	**UNIT**	**UNITS CARRIED OVER FROM INVENTORY LAST MONTH**	*Cases Received, Optional column- helpful for electronic copy*	**UNITS RECEIVED**	**LOSSES & TRANSFERS**	**TOTAL AVAILABLE**	**QUANITY DISTRIBUTED**	**ENDING INVENTORY**
1	Frozen Cherries	12/2.5 lbs			0		0	0	0
2	Cranberry juice Concentrate	12/11.5 oz			0		0	0	0
5	Frozen OJ concentrate	96/4 oz			0		0	0	0
1	Blueberry - hbush	12/2.5 lb			0		0	0	0
1	Raisins	24/15 oz			0		0	0	0
1	Grape Juice	8/ 64 oz			0		0	0	0
1	Orange Juice	8/64 oz			0		0	0	0
1	Can Pork	24/24 oz			0		0	0	0
1	Mixed Fruit	24/15 oz			0		0	0	0
1	Peanut Butter	12/18 oz			0		0	0	0
1	Chicken	24/15 oz			0		0	0	0
1	Peaches	24/15 oz			0		0	0	0
1	Cream Corn	24/15 oz			0		0	0	0
1	Mixed Vegetables	24/15 oz			0		0	0	0
4 dozen	Eggs	15/1 dz			0		0	0	0
If any Leftovers from last Quarter:									
1	Liquid Frozen Eggs	6/ 5 lb			0		0	0	0
1	Dehydrated Potatoes	12/1 lb			0		0	0	0
1	Can Salmon	24/14.75 oz			0		0	0	0
1	Cranberry Sauce	24/15 oz			0		0	0	0
1	Walnut Pieces	24/1 lb			0		0	0	0
1	Pork Pouches	24/24 oz			0		0	0	0
1	Green Peas	24/15 oz			0		0	0	0
1	Diced Tomatoes	24/15 oz			0		0	0	0
1	Sliced Potatoes	24/15 oz			0		0	0	0
1	Unsalted Crackers	12/16 oz			0		0	0	0
1	Apricots	24/15 oz			0		0	0	0
1	Crisp Rice Cereal	16/12 oz			0		0	0	0
1	Elbow Pasta	20/1 lb			0		0	0	0
1	Beef Stew	24/24 oz			0		0	0	0
1	Spagetti	20/1 lb			0		0	0	0

Column 1 - Commodity Name
Column 2 - Unit Size
Column 3 - Individual items on hand, carried over from previous month
Column 4 - Amount received with monthly order (count how many units, the individual items, not the cases)

Column 5 - Amount discarded because of damage, or returned to Food Bank
Column 6 - Must be Physical Count of actual units, not cases = (column 3 + column 4 - column 5)
Column 7 - Physical Count of units distributed that month (this number typically does not exceed total number of households served)
Column 8 - Inventory at End of Month= (column 6 minus column 7)

Total number of Households that receive TEFAP_____

Total number of Individuals that receive TEFAP _____

This report is due by the 10th of the month.