



AGENCY NAME AND NUMBER:		#
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THIS REPORT IS DUE FIVE DAYS AFTER THE END OF EACH MONTH. FILL IN THE MONTH YOU ARE REPORTING:

*Circle the month you are reporting:*

January	February	March	April	May	June	July	August	September	October	November	December	Year:
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NUMBER OF INDIVIDUAL CANS AND BAGS	NAME OF FOOD ITEM												
	apple juice	apple sauce	beef	dry beans	corn	corn cereal	carrots (dehyd)	grape juice	green beans	orange juice	peaches	peanut butter	peanuts (roasted)
1. Commodities on hand at beginning of month.													
2. Commodities received from CVFB during month.													
3. Commodities received as transfer from Rebecca McGeorge; U.S.D.A.													
4. Total of lines 1, 2 and 3.													
5. Commodities distributed to individuals and families.													
6. Commodities on hand at the end of the month.													
7. Damaged during month.													
8. Total of Lines 5, 6 and 7.													

(Continue name of food items and totals on back)

Mail this report and the ***Self-Declaration of Income*** forms to:  
 Central Virginia Foodbank  
 1415 Rhoadmiller Street  
 Richmond, VA 23220





NUMBER OF INDIVIDUAL CANS AND BAGS	NAME OF FOOD ITEM												
	pears	peas	pineapple	pork	potato (dehyd)	potato flakes	prunes	rice	Rice cereal	salmon	spaghetti	tomato	veg. oil
1. Commodities on hand at beginning of month.													
2. Commodities received from CVFB during month.													
3. Commodities received as transfer from Rebecca McGeorge; U.S.D.A.													
4. Total of lines 1, 2 and 3.													
5. Commodities distributed to individuals and families.													
6. Commodities on hand at the end of the month.													
7. Damaged during month.													
8. Total of Lines 5, 6 and 7.													

CHECK YOUR WORK. Line 4 should match line 8. If line 4 does not match line 8, please explain difference in comments section.

Explain any damages in the Comments section.

Total households received food during the month:	Signature:
Adults	Print name:
Children	Phone number:
Elderly	
Total individuals received food during the month:	Date:

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COMMENTS:

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