

SFPP

THE NEW JERSEY STATE FOOD PURCHASE PROGRAM SUMMARY REPORT FOR FOOD PANTRIES

AGENCY: _____

MONTH/YEAR: _____

AGENCY ID#: _____

This form must be completed, along with the corresponding Signature Sheets, and returned to your Food Bank within 7 days after the end of the month. Failure to submit these reports will jeopardize your next food allocation.

ROW NUMBER	Food Items																				
1	NUMBER OF CASES ON HAND <small>(From Prior Month's Ending Inventory)</small>																				
2	NUMBER OF CASES RECEIVED FROM FOOD BANK																				
3	TOTAL CASES AVAILABLE FOR DISTRIBUTION <small>(Add Row 1 and Row 2)</small>																				
4	INVENTORY- COUNT UNOPENED CASES <small>(Enter these numbers on Line 1 of next month's report)</small>																				
5	TOTAL CASES DISTRIBUTED <small>(Subtract Line 4 from Row 3)</small>																				

I certify that the Foods listed in Row 5 were distributed to persons living in the state of New Jersey only. Each person who received food signed for foods on the SFPP signature sheet.

Number of Recipients Served: Adults: _____ Children: _____ TOTAL: _____

Number of Families Served: _____
(SIGNATURES COLLECTED)

Signature of Agency Representative: _____

Total number of recipients and families served will determine the amount of SFPP foods

~IMPORTANT: Count Only Unopened Cases/ Open Cases As Needed/ Store All Unopened Cases Off The Floor~

NOTE- Please use additional sheets when needed