TEFAP Inventory Tracking Form

Site Name: _____

Name of Person Validating: _____

Households Served: _____ Individuals Served: _____

Meals Served (soup kitchens only) _____

Month Reporting: _____

Month End Inventory Report

DUE BY THE 5TH OF THE MONTH

Item Name	Item Number	Amount of Cases and/or Units (please specify)	Expiration Date