FOOD BANK OF NORTH CENTRAL ARKANSAS
MONTHLY INVENTORY REPORT

NAME OF ORGANIZATION:_____ DATE: _____

PROGRAM COORDINATOR:_____ COUNTY: _____

REPORT FOR MONTH OF: PHONE:

(Areas A, B, C, D, E, and F are to be completed for whole case amounts only.) (F)

	FOOD ITEM	BEGINNING BALANCE	AMOUNT RECEIVED	TOTAL AVAILABLE	TOTAL ISSUED	LOSS	TOTAL REMAINING

*FOOD LOSS: (circle reason) in shipping stolen spoiled destroyed TOTAL POUNDS LOST: _____

ACTION TAKEN:_____

ESTIMATED VOLUNTEER HOURS: _____

HOUSHOLDES SERVED: _____ LG FAMILIES:_____

PERSONS SERVED: _____ SM FAMILIES:_____

All information on this form is complete and correct to the best of my knowledge and is in compliance with the agreement for program requirements

_____

SIGNATURE OF PROGRAM COORDINATOR AND DATE SIGNED

Please take monthly inventory at the end of the month and submit this form to the Food Bank of North Central Arkansas, P.O. Box 128, Norfork, AR 72658.
Form must be submitted to the Food Bank within one week following the End-of-the-month Inventory in order to receive monthly allotment of Commodities