



Monthly TEFAP Report

PAGE # _____ OF _____ TEFAP REPORT FOR MONTH OF: _____ DATE: _____

FULL NAME OF AGENCY: _____

PERSON COMPLETING FORM: _____

SIGNATURE: _____ DATE: _____

NUMBER OF HOUSEHOLDS SERVED THIS MONTH: _____

TOTAL NUMBER OF INDIVIDUALS: _____ *(this number would be higher than number of households)*

Please return this form to the Anne Arundel County Food Bank by the 3rd of each month. This report is to be kept on file at your agency for 3 years. During site visits your files will be checked to make sure they are in compliance. You may use any one of the following methods to submit your paperwork:

By Email: reports@aafoodbank.org

By Fax: 410-923-4256

By Mail: P.O Box 650 Crownsville, MD 21032

Product Name	Cases In Stock from Previous Month	New Cases Received This Month	Cases Distributed This Month	Cases In Inventory to Carry Over to Next Month

Case Totals: _____

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