

USDA COMMODITIES SOUP KITCHEN MONTHLY REPORTING FORM

Reports must be submitted by the 1st of each month, no later than the 5th of each month

Month of: _____ Agency: _____

Office Address: _____

Contact: _____ Phone: _____

Distribution Address: _____

Days and times of Distribution: _____

(Use a second sheet if more than one location)

Total Number of Persons Served

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Total Number of Meals Served

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Print name of person reporting

Date

I certify that the above information is correct to the best of my knowledge. Report must be returned by the 1st of each month, no later than the 5th of each month to Christina Choat, Agency Relations Coordinator

REPLY TO: 11870 Monarch Street, Garden Grove, CA 92841

Office: (714) 897-6670 Ext.3147

Email Prefer: cchoat@capoc.org

Fax: (714) 894-5404