**Virginia Department of Agriculture and Consumer Services**

**Blue Ridge Area Food Bank**

# Monthly USDA Distribution Report

**Reports are due by the following to your local branch by the 5th of the month following.**

**Agency Name: Agency Number:**

**Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Food Items | | | | | | | | | | | | |
| **Number of Individual Cans or Bags** |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.- Amount on Hand** |  |  |  |  |  |  |  |  |  |  |  |  |
| **2.- Amount**  **Received** |  |  |  |  |  |  |  |  |  |  |  |  |
| **3.- Amount**  **Available**  **(total of**  **lines 1 + 2)** |  |  |  |  |  |  |  |  |  |  |  |  |
| **4.- Amount**  **Issued** |  |  |  |  |  |  |  |  |  |  |  |  |
| **5.-Amount**  **Damaged** |  |  |  |  |  |  |  |  |  |  |  |  |
| **6.- Physical**  **Count** |  |  |  |  |  |  |  |  |  |  |  |  |

**Please return to your branch at the following address or fax number or email your Partner Engagement Manager and/or Branch Assistant.**

**Northern Region Branch Southern Region Branch Eastern Region Branch Western Region Branch**

**1802 Roberts Street P.O. Box 2272 1207 Harris Street P.O. Box 937**

**Winchester, VA 22601 Lynchburg, VA 24501 Charlottesville, VA 22903 Verona, VA 24482**

**540.450.3023 434.845.4099 434.296.3663 540.248.3663**

**540.722.4217 fax 434.845.6153 fax 434.296.9621 fax 540.248.6410 fax**

**Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Food Items | | | | | | | | | | | | |
| **Number of Individual Cans or Bags** |  |  |  |  |  |  |  |  |  |  |  |  |
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| **6.- Physical**  **Count** |  |  |  |  |  |  |  |  |  |  |  |  |

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# Monthly USDA Distribution Report ~ Continued

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|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **Number of Individual Cans or Bags** |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.- Amount on**  **Hand** |  |  |  |  |  |  |  |  |  |  |  |  |
| **2.- Amount**  **Received** |  |  |  |  |  |  |  |  |  |  |  |  |
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| **5.-Amount**  **Damaged** |  |  |  |  |  |  |  |  |  |  |  |  |
| **6.- Physical**  **Count** |  |  |  |  |  |  |  |  |  |  |  |  |

**Total Households Served During Month\*: Signature & Title:**

**Total Individuals Served During Month\*: Telephone #/Email:**

**\*Not sufficient to list “see Link2Feed” Date:**