Rev. 12/2025



USDA Monthly Report

Due by the 5th of each month

Email Completed Form to: crendon@foodshare.com OR

Text a photo of completed form to: (805)833-0694

Report for the month of:			Year:			_	
Agency Name:			Account US#:				
	If multiple	sites, which l	ocation:				
Name	e of person com	pleting report: _					
Daytime phone number:							
			bers for colur in "eSignatur		ound in "Mair	n Pantry Report"	and numbers for
	Α	В	С	D	E	F	G
	# of Small Families (1-3)	# of Med Families (4-6)	# of Large Families (7+)	Total # of Households Served (A+B+C)	Total # of People Served (aka individuals, family members)	Total # of 1 st Time Households (# of YES"	Total # of 1st Time Household Members (# family members of "YES")
L	Number of Households Turned AwayNumber of People Turned Away						
USD	A Order Pick	Up or Deliver	y Schedule				
Pick up #1 on Day			Date	Date Pick up #3 on Day			Date
Pick u	ıp #2 on Day		Date	Pick up #4 on Day			Date
							
On th	e following date	S:					
	-	•	ill do our best to er available varie		equests; however	, produce boxes dep	pend on volunteer
Num	ber of Produc	e Pallets Requ	ested (48 per p	oallet):	_		
					port from Food	Share:	•
Comments / Suggestions:							
					-		