

TEFAP Inventory Report



Agency Name/Number: _____

Date: _____

Address: _____

Inventory Month: _____

Name of Commodity	(A) Beginning Inventory	(B) Units Received (see invoice)	(C) = (A+B) Total Commodities	(D) Units Damaged	(E) Units Distributed	(C - D - E) Balance	Physical Inventory Count

Please complete the following information. Failure to do so may result in suspension and/or termination from the program.

1. Is your storage and food distribution area(s) sanitary and free from rodent, bird, and any other animal infestation during the month? ☐ YES ☐ NO

1.1 If NO, have you notified the PBF? ☐ YES ☐ NO

Please be notified that if during the performance of a site inspection by the Palm Beach County Food Bank (PBCFB) an issue is identified with regard to the safeguarding of the food from animal infestation, PBCFB will require a professional licensed company of your choice to correct the issue. The agency will then be required to provide documentation showing the infestation was treated until the issue is corrected.

2. Are you going to distribute food next month? ☐ YES ☐ NO

2.1 If you answer NO, when are you going to resume operations? _____

3. Have your days and/or hours of operations changed? ☐ YES ☐ NO

3.1 If YES, what are the new days and hours: _____

4. Is your agency distributing at the same location? ☐ YES ☐ NO

4.1 If you answer NO, what is the new address? _____

5. Have any of the contacts provided by your agency changed? ☐ YES ☐ NO

5.1 If YES, please indicate name, phone, and email information for our records. _____

Completed by (Name): _____

Signature: _____