**BRAFB / Virginia Department of Agriculture and Consumer Services**

The Emergency Food Assistance Program (TEFAP) Inventory Report

**Agency Name: \_\_\_\_\_\_\_\_\_\_\_ Agency Number:**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of TEFAP/USDA Items | | | | | | | | | | | | | |
|  | **Number of Individual Items** |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.** | **Amount on Hand** |  |  |  |  |  |  |  |  |  |  |  |  |
| **2.** | **Amount Received** |  |  |  |  |  |  |  |  |  |  |  |  |
| **3.** | **Amount**  **Available**  **(lines 1 + 2)** |  |  |  |  |  |  |  |  |  |  |  |  |
| **4.** | **Amount Issued**  **(lines 3 – 6)** |  |  |  |  |  |  |  |  |  |  |  |  |
| **5.** | **Amount Damaged** |  |  |  |  |  |  |  |  |  |  |  |  |
| **6.** | **End of the month**  **Physical Count** |  |  |  |  |  |  |  |  |  |  |  |  |

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

**1802 Roberts St 501B 12th St 1207 Harris Street 96 Laurel Hill Rd**

**Winchester, VA 22601 Lynchburg, VA 24504 Charlottesville, VA 22903 Verona, VA 24482**

**540-450-1799 434-845-4129 434-220-5428 540-213-8413**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of TEFAP/USDA Items | | | | | | | | | | | | | |
|  | **Number of Individual Items** |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.** | **Amount on Hand** |  |  |  |  |  |  |  |  |  |  |  |  |
| **2.** | **Amount Received** |  |  |  |  |  |  |  |  |  |  |  |  |
| **3.** | **Amount**  **Available**  **(lines 1 + 2)** |  |  |  |  |  |  |  |  |  |  |  |  |
| **4.** | **Amount Issued**  **(lines 3 – 6)** |  |  |  |  |  |  |  |  |  |  |  |  |
| **5.** | **Amount Damaged** |  |  |  |  |  |  |  |  |  |  |  |  |
| **6.** | **End of the month**  **Physical Count** |  |  |  |  |  |  |  |  |  |  |  |  |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of TEFAP/USDA Items | | | | | | | | | | | | | |
|  | **Number of Individual Items** |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.** | **Amount on Hand** |  |  |  |  |  |  |  |  |  |  |  |  |
| **2.** | **Amount Received** |  |  |  |  |  |  |  |  |  |  |  |  |
| **3.** | **Amount**  **Available**  **(lines 1 + 2)** |  |  |  |  |  |  |  |  |  |  |  |  |
| **4.** | **Amount Issued**  **(lines 3 – 6)** |  |  |  |  |  |  |  |  |  |  |  |  |
| **5.** | **Amount Damaged** |  |  |  |  |  |  |  |  |  |  |  |  |
| **6.** | **End of the month**  **Physical Count** |  |  |  |  |  |  |  |  |  |  |  |  |

**Total Individuals Served During Month Signature & Title:**

(Duplicated): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone/Email:**

**Date:**

**Monthly Inventory Reports are due to your Food Bank branch by the 5th of the month following this report.**

(ex. April 2024 Monthly Inventory is due May 5th, 2024).

Please return directly to the branch at the address above or email to your regional Partner Engagement Manager and/or Branch Assistant.