**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** |  |  |  |  |  |  |  |  |  |

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

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

 **Date:**

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

Please return directly to your local branch or email to your regional Partner Engagement Manager and/or Branch Assistant.