



ORANGE COUNTY FOOD BANK

USDA COMMODITIES HOUSEHOLD MONTHLY REPORTING FORM
\*\*\*\*\* Reports must be submitted by the 5th of each month\*\*\*\*\*

Month of: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Total Number of Persons Served

[Empty box for Total Number of Persons Served]

Total Number of Households Served

[Empty box for Total Number of Households Served]

Print name of person reporting

Date

I certify that the above information is correct to the best of my knowledge. Report must be returned by the 5th of the following month to Warehouse Coordinator Allan Carranza



REPLY TO: 11870 Monarch Street, Garden Grove, CA 92841

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