

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

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

Office: (714) 897-6670 Ext.3600

Email Prefer: sorantes@capoc.org

Fax: (714) 894-5404