

**USDA COMMODITIES SOUP KITCHEN MONTHLY REPORTING FORM**

**\*\*\*\*\* Reports must be submitted by the 5<sup>th</sup> of each month\*\*\*\*\***

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

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

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

**Total Number of Persons Served**

**Total Number of Meals 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 5<sup>th</sup> 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](mailto:sorantes@capoc.org)

Fax: (714) 894-5404