

PANTRY REPORT FOR THE MONTH _____ PANTRY NUMBER _____

AGENCY NAME _____

PHYSICAL ADDRESS _____

The Numbers at the top of the columns correspond to the dates of the Month: Complete for days open.

DATE OF SERVICE	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
CHILDREN																
ADULTS																
ELDERLY																
TOTAL Individuals																
HOMELESS																
EVACUEES																
TOTAL <u>HOUSEHOLDS</u> SERVED																

DATE OF SERVICE	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
CHILDREN																
ADULTS																
ELDERLY																
TOTAL Individuals																
HOMELESS																
EVACUEES																
TOTAL <u>HOUSEHOLDS</u> SERVED																

NUMBER OF CLIENTS SERVED FOR THE FIRST TIME THIS YEAR DURING THIS MONTH:		FOOD BANK OF CENTRAL LOUISIANA 3223 BALDWIN AVENUE ALEXANDRIA, LA 71301-3506
# OF NEW CLIENTS:	# OF NEW HOUSEHOLDS:	

PLEASE SEND THE COMPLETED FORM TO THE FOOD BANK OF CENTRAL LA, BY THE 10TH OF THE FOLLOWING MONTH.

THIS FORM COMPLETED BY: _____ DATE: _____

TITLE: _____ TELEPHONE NUMBER: _____

THANKS FOR ALL THAT YOU DO IN THE COMMUNITY!