



Central Illinois Foodbank
P. O. Box 8228, SPRINGFIELD, IL 62791
217-522-4022 (phone) -- 217-522-6418 (fax)
foodlist@centralilfoodbank.org



MONTHLY DISTRIBUTION REPORT

Please complete and return by the 10th of each month.

AGENCY NAME: _____ ID #: _____

YOUR NAME: _____

MONTH OF REPORT: _____ YEAR _____

USDA Commodity Sites

- # Households receiving food stamps: _____
- # Food Stamp Applications distributed: _____

Food Pantry Sites

- Total # Individuals served: _____ = (Sum of all members in each household)
- Total # of Children Served: _____
- # Households served: _____ = (Number of signatures completed on the signature sheet – will always be less than the total # individuals served)

On-Site Feeding Programs

- # Individuals served: _____
- # Meals served: _____
- # Snacks served: _____

Other Updates

- Are you closed during a normal day of distribution? Y or N
- If so, report the closure here: _____
- Have hours of distribution changed since last report? Y or N
- If so, please note new hours of distribution here: _____