

School Mobile Pantry – Totals Sheet

School Name: _____ **Date:** _____

School Code: _____

Primary School Contact: _____ **Phone** _____

Totals Served:

Households _____ Individuals _____ Children _____ Students _____

First Pantry Attendees _____ Pounds distributed per Household _____

Distribution Time: _____

****TEFAP distributions****

(Please provide the following information if you distributed TEFAP items)

Households that received TEFAP products _____

Total household size of TEFAP recipients _____

Questions/Comments/Feedback:

DUE WITHIN 48 HOURS OF DISTRIBUTION

School Code:

NAME:	First Pantry Visit? Yes/ No	Household Size:	Zip Code:	# of children in household (under 18 yrs of age)	# of children attending this school
1.					
2.					
3.					
4.					
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