TEFAP Commodity Distribution Record

Distribution Site _____ **Distribution Date** _____

Distribution Site Address: _____ **Distribution Time:** _____

Client Name _____
(Please Print)

Commodity Type / Code	Commodity Name	Units per Household	Commodity Type / Code	Commodity Name	Units per Household

Total Items received _____ by _____ on _____
(Client Signature) (Date)

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