Authorization No:

USDA DONATED FOOD TRANSFER FORM

Food Item(s)	Quantity	Unit	Pack Date	Condition

SENDING AGENCY

NAME		**VENDOR NO.**
ADDRESS		**TITLE**
		PHONE NO.
		FAX NO.
CONTACT PERSON	**SIGNATURE**	**DATE**

RECEIVING AGENCY

I acknowledge the transfer of the above listed USDA Donated Food(s) and I certify that this addition to my current inventory will not result in more than a six-month inventory.

NAME		**VENDOR NO.**
ADDRESS		**TITLE**
		PHONE NO.
		FAX NO.
CONTACT PERSON	**SIGNATURE**	**DATE**

PROCESSOR

I certify that each identified agency's inventory record has been adjusted to reflect the transfer of USDA Donated Food(s) now in my possession.

PROCESSOR		**AGREEMENT NO.**
SIGNATURE		**DATE**
TITLE	**PHONE NO.**	**FAX NO.**

APPROVED

FOOD DISTRIBUTION **TITLE** **DATE**

NUTRITION SERVICES DIVISION