


CFSP Site Inventory Tracking Form



Date: _____ Site Name: _____

Please submit this form to the Wyoming Food Bank of the Rockies by the last day of the current month

Fax: 307-472-1869 or Email: smaxwell@foodbankrockies.org

 Previous Month/ Left over boxes		+	Current Month Received		-	Current Month Distributed		=	End of month Inventory/ left over boxes	
Recipe		Recipe		Recipe		Recipe		Recipe		
Quantity		Quantity		Quantity		Quantity		Quantity		
Recipe		Recipe		Recipe		Recipe		Recipe		
Quantity		Quantity		Quantity		Quantity		Quantity		
Recipe		Recipe		Recipe		Recipe		Recipe		
Quantity		Quantity		Quantity		Quantity		Quantity		
Cheese		Cheese		Cheese		Cheese		Cheese		
Reason for Left Over Cheese										

EACH Box must have cheese every month. Please specify reason for leftover cheese i.e. "client refused"

Notes/Comments: _____

I certify the information reported is correct:

Printed Name _____ Signature _____