SFPP – The New Jersey State Food Purchase Program
Commodity Acceptance Report

This form must be submitted, along with the SFPP Summary Report, to the Food Bank by the 7th of the month. Failure to submit these forms will jeopardize your next food allocation.

Agency Name:_____ Month/Year:_____ EFO:_____

	Date	Printed Name	# Adults	# Children	County	Full address	Zip Code
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
		Total Adults & Children					

- SFPP foods shall not be sold, exchanged, or otherwise disposed of without the approval of the NJDA
- Do not request proof of income.

This institution is an equal opportunity provider.