

Date: \_\_\_\_\_

# Emergency Food Pantry Daily Distribution Log



Agency Name: \_\_\_\_\_

1.	Name (please print)	Adults (18-59)	Children (0-17)	Seniors (60+)	First visit of the year?		Client Signature  I hereby verify a need for food. Food is for private use and not for sale or barter.
					Yes	No	
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
<b>Put Totals Here →→→</b>							

**Thank you for helping us bridge the gap  
between hunger and abundance!**