



Emergency Food Pantry Monthly Report

Month: _____ Agency Account #: _____

Agency Name: _____

Report completed by: _____

Email Address: _____

Persons Served:

1. Total # of Adults Served:

2. Total # of Children Served:

3. Total # of Seniors Served:

Total Persons Served:

First Time Visitors Served (Total in "Yes" column):

Households Served (How many people signed the log):