

This form must be sent to FBA whenever you receive a new shipment of meals



Child and Adult Care Food Program FY2020 Shipping & Receiving Log

Site Name _____

| Date Received | # of Cases Received | Date Contacted FBA |
|---------------|---------------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Comments/Explanations: _____

Signed: _____ Date: _____

Title: _____

Please return to: Food Bank of Alaska
Fax 1-907-277-7368
cdonohue@foodbankofalaska.org