

## USDA CSFP COMMODITY LOSS REPORT FFY \_\_\_\_\_

DATE: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_

=====  
 Type of Loss (Check one): Damage  Spoilage  Theft

Other? (Explain how and why loss occurred)  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe storage provided:  
 \_\_\_\_\_  
 \_\_\_\_\_

Date Food Distribution Program notified: \_\_\_\_\_

Loss Specifics (Attach separate page if more space is needed)

| Name of Commodity | # Eaches Lost | Total Pounds | Pack Date |
|-------------------|---------------|--------------|-----------|
|                   |               |              |           |
|                   |               |              |           |
|                   |               |              |           |
|                   |               |              |           |
|                   |               |              |           |
|                   |               |              |           |

**FOR DHHS USE ONLY**

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Dollar Value of Loss: \_\_\_\_\_ Freight Charge/Handling: \_\_\_\_\_

Organization/ClientAgency Held Liabile: \_\_\_\_\_

Claim Number: \_\_\_\_\_ Date Claim Finalized: \_\_\_\_\_