



# TEFAP Loss Report

Please Type or Print Clearly

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

A. Product Name	B. Number of Units Lost	C. Explain Cause of Loss

\*\*List the number of bags, bottles, cans or boxes which have been lost due to damage, theft, spoilage or lack of accountability, etc.

Agency Name:
Agency Number:
County:
Authorized Agency Representative Signature: