Food Assistance
PO Box 42560
Olympia WA 98504-2560
foodassistance@agr.wa.gov

Commodity Supplemental Food Program (CSFP)
Subcontractor Inventory Report

Contact your contractor if you have any questions regarding this form. Send the completed form to your contractor.

Subcontractor Name: _____ Report Month: _____

Contact Person: _____ Phone: _____

Beginning Inventory # boxes from previous month *	Received # additional boxes received this month	Total Boxes Beginning + Received	Boxes Issued # of boxes issued to clients	Returned # of boxes returned to the contractor	Ending Inventory Total: Issued - Returned

* All inventory from the previous month must be issued prior to issuing any of the additional boxes received this month.

Individual Unit Returns (Items returned by clients at time of distribution)

Commodity Description	Material Number (Contractor to fill in, if unknown)	Number of Units

If you have damaged product, please fill out a *CSFP Commodity Loss Report for Subcontractors*.

Contractor Reminder: Make sure all returned items listed above, boxes and/or individual units, are accounted for on the *CSFP Contractor Inventory Report*.