



## BackPacks UNITE 6-Week Distribution Report

REPORTING MENU NUMBER & YEAR \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_

NAME OF PERSON COMPLETING REPORT \_\_\_\_\_

	FILL IN DATES BP RECEIVED & DISTRIBUTION FOR EACH WEEK	# OF BACKPACKS RECEIVED	# OF CHILDREN SERVED	# OF PACKS DISTRIBUTED	# BACKPACKS LEFTOVER	NOTES to Feeding SWVA
<b>WEEK 1</b>						
DATE BP RECEIVED						
DATE OF DISTRIBUTION						
<b>WEEK 2</b>						
DATE BP RECEIVED						
DATE OF DISTRIBUTION						
<b>WEEK 3</b>						
DATE BP RECEIVED						
DATE OF DISTRIBUTION						
<b>WEEK 4</b>						
DATE BP RECEIVED						
DATE OF DISTRIBUTION						
<b>WEEK 5</b>						
DATE BP RECEIVED						
DATE OF DISTRIBUTION						
<b>WEEK 6</b>						
DATE BP RECEIVED						
DATE OF DISTRIBUTION						
<b>TOTALS:</b>						

\_\_\_\_\_  
PRINTED NAME OF SUPERVISOR

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE

*Please email or scan distribution reports to Feeding SWVA after every sixth distribution of each Menu to [salembackpacks@feedingswva.org](mailto:salembackpacks@feedingswva.org)*