

BackPack Monthly Distribution Report



Agency #: A 0 _____ Reporting Month/Year _____

Note: Program #s begin with "A0" or "A00". If you don't know your Program #, email salebackpacks@feedingswva.org

Agency Name: _____

Name of Person Completing Report: _____

FILL IN DATE & TIME OF DISTRIBUTION FOR EACH	Please list the contents of the backpacks AND the estimated number of meals per bag		# OF CHILDREN	# OF PACKS DISTRIBUTED
	BAG CONTENTS	EST. # OF MEALS		
WEEK 1 _____ DATE _____ TIME				
WEEK 2 _____ DATE _____ TIME				
WEEK 3 _____ DATE _____ TIME				
WEEK 4 _____ DATE _____ TIME				
WEEK 5 _____ DATE _____ TIME				
TOTALS				