

## **TEFAP Commodity Transfer Sheet**

This form is to be completed by the food pantry sending goods to a receiving food pantry. The pantry requires approval from the food bank prior to transfer. The food bank must enter the TEFAP product number (sometimes shown as the material number) on each commodity line. \*This form need only be completed for transfers of TEFAP foods.

Transfers may be requested in the event of a surplus of a particular item which another site may have need of, and/or high demand for, to ensure that such foods may be utilized in a timely manner and in optimal condition. \*Unit of Measure on the table below can be cases, bags, cans, packets, etc.

| Date to<br>Transfer | Transferring From<br>(Sending) | Transferring To<br>(Receiving) | Commodity<br>(One per line)                  | Quantity | Unit of<br>Measure           |
|---------------------|--------------------------------|--------------------------------|--|----------|------------------------------|
| 12/01/23            | The Split-Pea Pantry           | Len Till's Food Pantry         | Applesauce Cans<br>Product number:<br>100207 | 12       | Cases<br>(Bags)<br>(Pallets) |
|                     |                                |                                | Product number:                              |          |                              |
|                     |                                |                                | Product number:                              |          |                              |
|                     |                                |                                | Product number:                              |          |                              |
|                     |                                |                                | Product number:                              |          |                              |
|                     |                                |                                | Product number:                              |          |                              |

A copy of this approved form must be kept at both the transferring and receiving food pantry. Any out-ofcondition products should be removed, destroyed, and listed on a Commodity Loss Report.

Requested By:

Ex.

Date of Request

Approved By:

Date Approved \_\_\_\_\_

(Food Bank Representative Name & Signature)

This institution is an equal opportunity provider.