



Neighborhood Food Distribution

Monthly Report (due 10 days after your Neighborhood Distribution)

We appreciate you completing this report. Please remember that this report reflects your last distribution's numbers. Numbers should be tracked using Oasis/ sign in sheet.

Month/Reporting Day/Year: _____ Agency Number: _____

Agency Name: _____

Person completing this report: _____

Total number of Households served at your Neighborhood Distribution this month: _____

Total number of Individuals served at your Neighborhood Distribution this month: _____

Total number of clients turned away this month due to lack of food? _____

Please send this completed report from your distribution to:

Attn: Chris Valdez

Jacobs & Cushman San Diego Food Bank

9850 Distribution Ave, San Diego, CA 92121

cvaldez@sandiegofoodbank.org || Tel: 858-863-5108 (Direct) || Fax: 858-527-1457