

Tri State Food Bank
Monthly Service Report for
Month of: _____

Agency Name: _____

Agency Address: _____

City, State Zip: _____

Person completing this form: _____

Contact phone number: _____

of Households Served: _____

of People Served: _____

of Meals Served: _____

Yes for SNAP: (IL only) _____

What % of Food Bank products made up your distribution? _____

Pounds of donated and/or purchased product (not TSFB) _____

Monthly Service Reports-Online Reporting

Agencies have the option of completing the paper version of the monthly service report; however, if possible, **it is preferred agencies complete the online version.**

To submit online:

Please visit our website at <http://www.tristatefoodbank.org/>

- Hover over Agency Resources
- Click Monthly Service Report
- Complete form and click submit

Remember, if you submit online, you do not need to send the paper copy!

Due no later than the 15th of month

Mail to: 2504 Lynch Rd., Evansville, IN 47711-5631 OR Fax to: (812)425-0390 OR

Email to: USDA@tristatefoodbank.org