

MONTHLY REPORT – RETAIL STORE PICK-UPS

Complete 1 form for each store you pick up from

| | | | |
|--------------------|---------------|--------------------------|---------------|
| ALBERTSONS | STORE # _____ | SAM'S CLUB | STORE # _____ |
| ALDI | STORE # _____ | SMART & FINAL | STORE # _____ |
| BIG LOT | STORE # _____ | SPROUTS | STORE # _____ |
| COSTCO | STORE # _____ | STARBUCKS | STORE # _____ |
| FLOWERS | STORE # _____ | TARGET | STORE # _____ |
| FOOD 4 LESS | STORE # _____ | VONS | STORE # _____ |
| PANERA | STORE # _____ | WALMART | STORE # _____ |
| RALPHS | STORE # _____ | WINCO | STORE # _____ |

Date Submitted _____

Month Reporting _____

Partner # _____ Partner Name _____

Contact _____ Phone # _____

Total pounds of product picked up this month in the following categories:

| | | | | | |
|--|--|---------------------|--|------------------|--|
| Meat (96001) | | Bakery (96002) | | Dairy (96003) | |
| Dry Grocery (96004) | | Deli (96005) | | Non Food (96006) | |
| Produce (96007) | | Frozen Food (96008) | | | |
| TOTAL POUNDS OF PRODUCT PICKED UP (add up the 8 categories) | | | | | |

This report must be completed and submitted by the **5th of every month before 3 PM. It must be returned by email or fax to:**

**EMAIL: Melissa Chaudhry at mchaudhry@feedingamericaie.org
(or) FAX: 951-359-8314**

Failure to submit this report each month, and on time, will result in the agency losing its authorization to pick up product from the donors.