



		Re	In-Store I Ecord of Shipment :		ation Progra Receipt of I		Food	
Date:								
Store #:					Contact Person:			
Address:								
Phone:					Fax:			
Central Pennsylvania Food Bank Partner:					Primary Agency Contact Person:			
Address:								
Phone:					Fax:			
DONOR'S DATA: print name of shipment overseer and initial					Partner Agency: Print name of person overseeing receipt of food and initial			
Category	Pounds	Date	Comments		Category	Pounds	Date	Comments
Bakery					Frozen			
Dairy					Meat			
Deli					Produce			
Dry Grocery								

Please submit your MONTHLY Summary Report via email to Cindi Pasi (<a href="mailto:cpasi@centralpafoodbank.org">centralpafoodbank.org</a>) or by fax at 717-564-1894. Contact Cindi Pasi, Agency-Enabled Donation Coordinator (phone 717-547-6256) with questions relative to the in-store pickup program. *Thank you!*