



		Rec	In-Store I : ord of Shipment		ation Progra Receipt of D		Food		
Date:			port Driver (Print Name)		•				
Store #:					Contact Person:				
Address:					1				
Phone:					Fax:				
Central Pennsylvania Food Bank Partner:					Primary Agency Contact Person:				
Address:									
Phone:					Fax:				
Category	Pounds	Date	Comments		Category	Pounds	Date	Comments	
Bakery					Dry Grocery				
Dairy					Meat				
Fresh Eggs					Produce				
Fresh Milk					Frozen				
Deli/Prepared					Other- Beverages, NonFoods Ftc				

Please submit your Summary Report to Cindi Pasi at centralpafoodbank.org or via fax to 717-561-6256. Contact Cindi Pasi (centralpafoodbank.org) (phone 717-547-6256) with questions relative to the instore pickup program. *Thank you!*