



SECOND HARVEST FOOD BANK OF NORTHWEST NC
Monthly Service Backpack Program Report

MONTHLY REPORT

Partner Agency Name: _____

Partner Agency #: _____ Month and Year: _____

Name / Title of Person Completing Report: _____

DATE	# OF BACKPACKS DISTRIBUTED
TOTAL	

Any comments or concerns: _____

PLEASE SUBMIT REPORTS BY THE 10TH OF EACH MONTH FOR THE PRIOR MONTH

Submit reports to winbackpack@secondharvest.org.