

Monthly Service Tally Sheet

Agency Name: _____

Food Bank Account Number: _____

Agency County: _____

Month: _____

Year: _____

Notes:	Day of Month	Number of Households (Food Pantries and Fresh Foods Only)	Number of Children (Ages 0-17)	Number of Adults (Ages 18-64)	Number of Seniors (Ages 65 +)
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
	13				
	14				
	15				
	16				
	17				
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	20				
	21				
	22				
	23				
	24				
	25				
	26				
	27				
	28				
	29				
	30				
	31				
Please submit monthly totals online to the Food Bank using the Monthly Service Report Form by the 10th day of each month.	TOTALS:	Households	Children	Adults	Seniors