

**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
COMMODITY INCIDENT REPORT**

A Commodity Incident Report is required for each product identified and must be sent immediately. Please include all relevant documentation and pictures. Claim decisions will be shared with all parties within 7 business days of receipt.

Foodbank: _____

Date of Incident: _____ Date Product Received: _____

USDA Product # and Description: _____ Sales Order #: _____

Check the box(es) that apply.

TYPE OF INCIDENCE and AMOUNT AFFECTED	
Overage <u>at</u> Delivery and cases affected _____	Product Damage <u>after</u> Delivery and cases affected _____
Shortage <u>at</u> Delivery and cases affected _____	Spoilage cases affected _____
Damage <u>at</u> Delivery and cases affected _____	Other (Provide Description) and cases affected _____

Details: _____

Number of Cases Affected:	Price per Case:	Total Value of Loss:
_____ X	\$ _____	= \$ _____

Food Bank Signature: _____ Date loss was reported: _____

Email to: MN DHS OEO and Hunger Solutions Minnesota MNTEFAP@hungersolutions.org

***Bottom Portion to be Completed by TEFAP Manager at DHS OEO**

Value less than \$500	Referred to USDA (value over \$2,500)
Value between \$500-\$2500	Not Referred to USDA (value over \$2,500)
Claim Filed by State	Claim Filed by State
NO Claim Filed by State	NO Claim Filed by State

Date Claim Filed (if applicable): _____ Date Reviewed: _____

Reviewed by: _____