

ARKANSAS DEPARTMENT OF EDUCATION
 DISTRICT OPERATIONS
 FOOD DISTRIBUTION UNIT
 FOOD TRANSFER FORM

Transferring

Receiving

Agency: _____

Agency: _____

Date Transferred:

Date

Received: _____

 Superintendent Signature

USDA Foods Transferred

USDA Food Code/Name	Best if Use by Date:	Pack Size	Cases Transferred

Signature: _____ Signature: _____
Transferring Agency Receiving Agency

Signature: _____ Date: _____
Authorizing Agency – Food Distribution Unit

The Food Distribution Unit requires **pre-approval** to transfer USDA foods from one agency to another. A copy of the transfer must be on file by both the Transferring and Receiving Agency’s files for auditing purposes.
Please scan and email the completed form to ADE Food Distribution Unit.