

**ARKANSAS DEPARTMENT OF EDUCATION
DISTRICT OPERATIONS
FOOD DISTRIBUTION UNIT**

AGENCY RECEIVING REPORT FOR USDA DIRECT SHIPMENT

Agency Name: _____ RA#: _____ Sales Order #: _____
(Ex: 500012345)

USDA Food Name: _____ USDA Code: _____
(Ex: Applesauce) (Ex: 100208)

Date Shipment Received: _____

Is this a Co-Op with other districts? District Name: _____

Receiving agency **MUST** complete all applicable entries, attach all receiving documents, and email to the Food Distribution Office on **the day the shipment is unloaded.**

Carrier Name: _____ Temp: Ref. _____ Dry: _____

Seal Number: _____ Seal Intact Missing Broken
*Note: If seal is broken or missing, contact the Food Distribution Office **prior** to unloading the shipment.*

Total Cases Ordered: _____ Total Cases Received: _____

Cases Short: _____ # Cases Over: _____ # Cases Damaged: _____

Pack Date: _____ Best if Used by Date: _____

The shipment of USDA donated food described on this report has been received in good order, exceptions noted. If cases were damaged, note if damaged was discovered:

Before Unloading During Unloading After Unloading

Nature of Damage (Be Specific): _____

Printed Name: _____ Title: _____

Signature: _____ Date: _____

FOR FOOD DISTRIBUTION USE

Net Dollar Value: _____	Confirmed ACDS: _____
Average Cost/Lb.: _____	Confirmed ACDS: _____
Commodity Code: _____	Date Received in ACDS: _____
Date Allocation Completed: _____	Date Received in WBSCM: _____