



Florida Department of Agriculture and Consumer Services
 Division of Marketing and Development

**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
 REIMBURSEMENT FOR EXPENSES REQUEST**

Bureau of Food Distribution
 Mayo Bldg., 2nd Floor (M39)
 407 S. Calhoun St.
 Tallahassee, Florida 32399-0800
 Phone: (850) 487-6694
 Fax: (850) 488-6961

CHARLES H. BRONSON
 COMMISSIONER

7 CFR 251

ERA's Name: _____
 Address: _____
 City: _____

Date: _____
 Program No.: _____
 Contract No.: _____

Expenditures/information for: _____ (Month and year)

Number of sites and sub-distributors distributed TEFAP food to this month: _____

Total number of pounds of TEFAP food distributed this month: _____ Lbs.

Percentage used for TEFAP reimbursement claims: _____ %

(Check one: Formula on file at BFD _____ Copy of formula and explanation attached _____)

OPTIONAL: If completing section below, fill-in only the applicable TEFAP-related expenses for payment.

CATEGORIES PER CONTRACT BUDGET – EXPENSES RELATED TO:	CURRENT PERIOD EXPENDITURES/PAYMENT DUE	TOTAL EXPENDITURES YEAR-TO-DATE	BALANCE OF CONTRACT (contract amount: \$ _____)
A. STORAGE/WAREHOUSING			
B. TRANSPORTATION AND DELIVERY			
C. SALARIES AND BENEFITS			
D. ADMINISTRATION, RECORDKEEPING, AUDIT(S)			
E. RENT, UTILITIES, TELEPHONE SERVICE/CELL PHONE			
F. INSURANCE – MOTOR VEHICLE, PROPERTY			
G. OFFICE SUPPLIES, SMALL EQUIPMENT, POSTAGE, ETC.			
H. WAREHOUSE-SUPPLIES, EQUIPMENT & MAINTENANCE			
I. OTHER (SPECIFY): _____			
TOTALS			

Attach supporting documentation regarding delivery/distribution of TEFAP foods, i.e., bills of lading, delivery receipts, distribution reports, etc. All other supporting documentation must be maintained on site as required by 7 CFR 251.

Program Director/Coordinator (Signature) _____

Date _____

Print name _____

Title _____

DO NOT WRITE IN THIS SPACE

ORG CODE: _____

PAYMENT AMOUNT \$ _____ (lbs. X \$0.20 p/lb)

DATE RECEIVED FDO: _____

POSTMARKED DATE (TO DACCS) _____

DACS/FDO CONTRACT MANAGER SIGNATURE: _____