



CHARLES H. BRONSON
COMMISSIONER

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

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 amount of TEFAP food distributed this month: _____ cases
Percentage used for TEFAP reimbursement claims (formula on file): _____ %

Complete only the applicable expenses being claimed 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 ie., invoices, receipts, etc. to Reimbursement for Expenses Request

Program Director/Coordinator (Signature)

Date

Print name

Title

DO NOT WRITE IN THIS SPACE

ORG CODE: _____

PAYMENT AMOUNT \$ _____

DATE RECEIVED FDO: _____

POSTMARKED DATE (TO DACS): _____

DACs/FDO CONTRACT MANAGER (Signature)

REMARKS: _____
