

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
 Division of Aging and Adult Services (DAAS)  
 Community Service Programs  
 Coordinated Hunger Relief Program

## COMMODITY TRANSFER REPORT

**Note:** Transfer of USDA commodities requires DES/HRP approval before transfer. The information below must be **completed by** the shipping Food Bank and **emailed to** the receiving Food Bank along with documentation received from HRP for approval.

SHIPPING FOOD BANK	
PROGRAM	TEFAP      CSFP
Food Bank:	
Contact Name:	
Product Name / Commodity Code:	
Vendor's Sales Order No. (SO):	
Vendor's Purchase Order No. (PO):	
Original Date Received:	
Number of Cases Shipped:	

**Note:** The information below must be **completed by** the receiving Food Bank and **emailed to** [CoordinatedHungerReliefProgram@azdes.gov](mailto:CoordinatedHungerReliefProgram@azdes.gov) and CC the shipping Food Bank.

RECEIVING FOOD BANK	
PROGRAM	TEFAP      CSFP
Food Bank:	
Received By:	
Contact Name:	
Date Received:	
Inter Food Bank transfer per DES original allocation:	

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