

**OHIO FOOD PURCHASE &
AGRICULTURAL CLEARANCE PROGRAM
SFY 2008 RECEIVING REPORT**

Please complete this shipping report within three (3) days of receipt of OFP/OACP commodities. Please attach a copy of the bill of lading and return by fax to:

Return by fax: 614.221.4338

Date received: _____ PO Number: _____

Program Type: Ohio Agricultural Clearance Program
 Ohio Food Purchase Program

Time unloading began: _____

Type of commodity: _____

Donor/Vendor: _____

Shipper's identifying # (bill of lading, receipt): _____

of Cases received: _____ Pack size: _____

Weight/case: _____

Net weight received: _____

Trucking Company: _____

Truck: Sealed Seal number: _____

 Not sealed

Temperature of truck: _____

Amounts reported: _____

Over _____ Short _____ Damaged _____

Comments: _____

Foodbank: _____

Contact: _____

Phone: _____ Date completed: _____

Ohio Association of Second Harvest Foodbanks
51 North High Street, Suite 761; Columbus, Ohio 43215
614.221.4336: www.oashf.org