



Record of Shipment and Receipt of Donated Food

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|----------------------|----------------------------------|--------|-----------|
| Date: | Partner Agency Volunteer: | | |
| Retailer: | Receiving Manager: | | |
| Address: | City: | State: | Zip Code: |
| Partner Agency Name: | Partner Agency Program Director: | | |
| Agency Address: | City: | State: | Zip Code: |

| Product Category: | Condition of Receipt: | Temperature at agency arrival: | Weight at agency arrival: | Unusable product (lbs.): | Weight of product: (combine if multiple boxes) | Signature: |
|-------------------|-----------------------|--------------------------------|---------------------------|--------------------------|--|------------|
| Meat: | | | | | | |
| Dairy: | | | | | | |
| Produce: | | | | | | |
| Frozen: | | | | | | |
| Deli: | | | | | | |
| Bakery: | | | | | | |
| Grocery: | | | | | | |
| Non-Food: | | | | | | |

Total pounds per category must be submitted online by the 28th of each month.

For questions or concerns please contact:

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