OVER, SHORT AND DAMAGED FORM

VDACS - Food Distribution

This form must be submitted electronically (fax or email) to your RCM within 3 business days of item being received.

Distributor/Foodbank: ________________________________

Sales Order #: ________________________________

Material #: __________________ Material Description: ________________________________

(Check One) Over □ Short □ Damaged □

Amount that should have shipped: ____________________ / ____________________

Cases Pounds

Amount actually received: ____________________ / ____________________

Cases Pounds

Difference (+/-): ________________________________

Date Truck was received: ________________________________

Date Order Received in WBSCM: ________________________________

Agency Adjustments (only required for distributors):

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Agency #</th>
<th>Original Number Of Cases On Order</th>
<th>Case Adjustment</th>
<th>Total Cases Received</th>
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Distributor/Foodbank Signature ___________________________ Date __________

Any processing items that arrive over, short or damaged, please call Tami Radcliff at 804-786-0665.
# APPENDIX P

**VIRGINIA DEPARTMENT OF AGRICULTURE - COMMODITY DISTRIBUTION**

**USDA FOOD LOSS REPORT**

To be completed by Virginia Department of Agriculture and Consumer Services (VDACS):

Total Value of Loss: __________

Agency Number: __________

Date This Loss Report was Completed: __________

Date Loss Discovered: __________

Date Recipient Agency Notified VDACS: __________

Recipient Agency Name: __________________________________________

Location Where Loss Occurred: ______________________________________

| Food: | pack Date: | | Date Received: | | Quantity Lost: | | Unit Value: | | Total Value: |
|-------|------------|---|----------------|---|----------------|---|--------------|---|

Infestation/Spoilage/Contamination

Insects: _____ Rodents: _____ Other (explain): __________________________

Food examined when received? Yes: _____ No: _____

If no, why not? ____________________________

Extermination treatment frequency: ____________________________

Date of last treatment: ____________________________

Storage conditions: YES NO

| Palletized | | Ventilated | | First in, first out | |
|------------|---|------------|---|---------------------|
| _____ | | _____ | | _____ |

Temperature range: ____________________________

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1 Rev11/1/11
Summary

Total value of lost food(s):

Payment recipient agency received from warehouse, insurance, or freezer company

Salvage income/value of recouped food

Total claim

Was negligence involved in this loss? Yes: ____ No: ____

Reason:

________________________

________________________

________________________

Signature of Recipient Agency Representative __________________________ Title __________ Date __________

VDACS Recommendation

No claim: ____ Claim: ____

Reason:

________________________

________________________

________________________

Signature of VDACS Official __________________________ Date __________

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