

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):

<u>Agency Name</u>	<u>Agency #</u>	<u>Original Number Of Cases On Order</u>	<u>Case Adjustment</u>	<u>Total Cases Received</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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: _____

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

