



<b>Sub-Distribution Report</b>	Month: _____
	Year: _____

Agency Name: \_\_\_\_\_

Agency #: \_\_\_\_\_

Date	Name of Agency you are Distributing to	Sub-	Product	Is Agency Approved	Temperatures	
					At Your Location	At Agency You are Sub-Distributing to

**Document should be kept in files at pantry location for review at your bi-annual inspection.**