Child Food Program of Texas
PO Box 5465 Katy, TX 77491
281.395.7000 | (f)281.395.7002

MONTHLY FOOD INVENTORY

Center Name: _____ **Center #:** _____ *(3 digits)*

Claim Month: _____ **Claim Year:** _____

Fruit	lbs/oz	Quantity	Vegetables	lbs/oz	Quantity	Meat/Meat Alternate	lbs/oz	Quantity	Breads/Grains	lbs/oz	Quantity