

(RESERVED)

SAMPLE COPY OF FORM FNS-52

OMB FORM APPROVED NO. 0584-0293

| | | | | | | | | |
|--|--|--|--------------------------------|--|--|--|--|--|
| U.S. DEPARTMENT OF AGRICULTURE FOOD AND NUTRITION SERVICE FOOD REQUISITION | | | NAME OF DISTRIBUTING AGENCY | | | CHECK ONE ("X") <input type="checkbox"/> UNITS <input type="checkbox"/> POUNDS <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL | | |
| SEE INSTRUCTIONS ON REVERSE | | | STATE | | | TYPE OF ACTION | | |
| 1. COMMODITY (SHORT TITLE) (20) | | | 2. D/A CODE (3) | | | FOR FNS USE ONLY | | |
| 10. ENDING SHIPPING/DELIVERY DATE (6) | | | 3. DELIVERY YEAR (ALPHA) (1) | | | 6. REQUISITION NO (3) | | |
| 9. ALLOCATION NO. (5) | | | 4. FISCAL YEAR OF PURCHASE (2) | | | 7. STAMP DATE (6) | | |
| 11. PLANNED PROGRAM USAGE BY OUTLET, ADJ CODE & QUANTITY FIRST LINE: SHOWS OUTLET(S)(4) AND ADJUSTMENT CODE(S) (1) SECOND LINE: SHOWS QUANTITY FOR EACH OUTLET (7) | | | 12. TOTAL QUANTITY (8) | | | 14. DESTINATION ENTITY CODE C/D (1) CITY (16) | | |
| | | | 13. RCODE (1) | | | | | |
| OUTLET 1 | | | OUTLET 2 | | | OUTLET 3 | | |
| OUTLET 4 | | | OUTLET 5 | | | | | |

SPECIMEN

The undersigned, being duly authorized to request foods for and on behalf of the agency named above, does hereby certify that local preferences and inventories have been considered prior to submitting this Food Request, agrees to accept the food shown hereon upon delivery at destination(s) indicated, and to distribute the entire quantity in accordance with instructions of the Food and Consumer Service. The signing of the "Distributing Agency Consignee Receipt" on Form KC-269A by the undersigned or his designee shall constitute acceptance of the food for and on behalf of the Agency.

| | | | | | |
|---------------------------------------|--|----------|---------------------------------------|----------|--------------|
| 15. DISTRIBUTING AGENCY CERTIFICATION | | | 16. FOOD & NUTRITION SERVICE APPROVAL | | |
| B. SIGNATURE | | C. TITLE | A. DATE | | B. SIGNATURE |
| C. TITLE | | C. TITLE | | C. TITLE | |

FNS-52 (9-98) Previous editions obsolete.

SAMPLE COPY OF FORM FNS-52

INSTRUCTIONS

ITEM

STATE-Enter the name of the State in which the Distributing Agency is located.

DISTRIBUTING AGENCY-Enter the name of the Distributing Agency.

UNITS OR POUNDS -Place an "X" in the applicable box.

TYPE OF ACTION -Place an "X" in the applicable box.

The numbered blocks will be keyed by FNS Regional Office, as outlined below. The numbers appearing in parentheses after the block title show the maximum number of characters that may be keyed.

BLOCK

1. **COMMODITY** -Enter the short title as provided by the FNS Regional Office. (This must be identical to the short title given in the FNS commodity file.)
2. **D/A CODE**-Enter the three digit code number of the Distributing Agency.
3. **DELIVERY YEAR**-Enter the alphabetical designation, provided by FNS Regional Office, for delivery year in which shipment is to be made, regardless of outlet. For example, all orders requested for shipment between 7/1/82 and 6/30/83 should have a delivery year code D, for all outlets.
4. **FISCAL YEAR OF PURCHASE**-Enter the fiscal year during which the commodity will be purchased. This information is provided in allocations for Group A foods and for Group B foods through a separate coding sheet available from FNS.
5. **SECTION OF PUBLIC LAW**-Enter the section of the public law as advised by the FNS Regional Office.
6. **REQUISITION NUMBER** -Leave blank. This space for FNS use only.
7. **STAMP DATE** -Leave blank. This space for FNS use only.
8. **DELIVERY YEAR**-Order numbers assigned by the Distributing Agency should be expressed in three digits, beginning with 001 for each food unless instructed differently by FNS Regional Office. If a destination change is necessary to the original order, the original order must be cancelled and the changed order would carry the original order number plus an alphabetical suffix, A, B, or C. Suffixes D, E, etc. are used for other types of delivery order changes, such as when it is necessary to split one delivery order into two or more. If it is necessary to cancel an order for any

reason other than a destination change after it has been processed by the Kansas City ASCS Field Office (KCFO), the order number shall not be reused; if replacement is necessary, use a new order number.

9. **ALLOCATION NUMBER** -Enter the allocation number provided by the FNS Regional Office.
10. **ENDING SHIPPING/DELIVERY DATE**-The final day of the shipping/delivery period is required. States may show entire requested shipping/delivery period if desired.
11. **PLANNED PROGRAM USAGE BY OUTLET, ADJUSTMENT CODE AND QUANTITY** -Enter approved codes for planned program usage as provided by FNS Regional Office. Enter the number of Units or Pounds requested for each outlet. The total of the outlet quantities must equal the quantity shown in the TOTAL QUANTITY column (Block 12). Each planned usage outlet may have one approved adjustment code, if needed.
12. **TOTAL QUANTITY** -Total quantity must equal the sum of the quantities shown in the Quantity columns in Block 11.
13. **REDONATION CODE**-If commodity is to be redonated at USDA expense, as approved by the FNS Regional Office, enter "R". If redonation is for information only, enter "S".
14. **DESTINATION** -(Entity Code, Check Digit Code and City). Entity and check digit codes provided by KCFO for each given destination must be used. If the city name is less than 7 digits, the State 2-letter code must also be shown. If it is necessary to change the destination for an order already submitted to KCFO, please follow the instructions for Block 8, Delivery Order Number.

REMARKS-For use by the Distributing Agency or the FNS Regional Office. Remarks will be key entered at the FNS Regional Office using established codes for standard remarks, combined code and message, or free form message. Remarks should be written or typed on the form on the appropriate order number line. Established remarks codes are available through FNS Regional Office.

DISTRIBUTION

1. The Distributing Agency shall retain the pink copy and forward the original and other copies (with carbon inserts) to the FNS Regional Office. If any remarks are given, the last remarks page may also be kept by the Distributing Agency as a record.
2. After approval by the FNS Regional Office, a buff copy shall be returned to the Distributing Agency.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0293. The time required to complete this collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

SAMPLE COPY OF FORM FNS-53

FORM APPROVED CMB NO. 0584-0288

Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

| U.S. DEPARTMENT OF AGRICULTURE MULTI-FOOD REQUISITION (SEE INSTRUCTIONS ON REVERSE) | | QUARTER | | | STATE OR ITO | | DISTRIBUTING AGENCY | | AVERAGE PARTICIPATION | |
|---|--|----------------------|----------------------------|--------------------|---------------------------|-------------------------------------|---------------------|--------------|-----------------------|--|
| 1 D/A CODE | 2 DELIVERY YEAR | 3 F/R - D/O NO. | 4 OUTLET | 5 ENTITY CODE | 6 CITY | 7 DELIVERY PERIOD | 8 REMARKS | | | <input type="checkbox"/> DELETE <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE |
| 9 COMMODITY CODE | 10 COMMODITY DESCRIPTION (USE SHORT TITLE) | 11 EST. COST PER LB. | 12 NET WT. PER UNIT (CASE) | 13 QTY. REQ. CASES | 14 TOT. NET WEIGHT (LBS.) | 15 TOTAL VALUE (\$) | 16 ADJ. CODE | 17 SECT. LAW | 18 REDO | |
| A060 | BEANS GREEN 303 | | 24/303 | 23.40 | | | | | | |
| A090 | BEANS VEG 300 | | 24/300 | 24.00 | | | | | | |
| A095 | CARROTS | | 24/303 | 24.00 | | | | | | |
| A120 | CORN CREAM | | 24/303 | 24.00 | | | | | | |
| A121 | CORN KERNEL | | 24/303 | 24.00 | | | | | | |
| A135 | LENTILS | | 12/2 | 24.00 | | | | | | |
| A145 | PEAS 303 | | 24/303 | 24.00 | | | | | | |
| A163 | PUMPKIN | | 24/303 | 24.00 | | | | | | |
| A166 | SPINACH | | 24/303 | 22.50 | | | | | | |
| A169 | POTATOES 303 | | 24/303 | 24.00 | | | | | | |
| A196 | POTATOES DEHY 12 | | 12/1 | 12.00 | | | | | | |
| A221 | SWEET POTATOES 303 | | 24/303 | 24.00 | | | | | | |
| A244 | TOMATO SAUCE 300 | | 24/300 | 22.50 | | | | | | |
| A248 | TOMATOES 303 | | 24/303 | 24.00 | | | | | | |
| A251 | SYRUP P | | 12/24 | 25.85 | | | | | | |
| A280 | GRAPEFRUIT J | | 12/46 | 37.00 | | | | | | |
| A282 | APPLE J | | 12/46 | 37.50 | | | | | | |
| A285 | GRAPE J | | 12/46 | 38.00 | | | | | | |
| DISTRIBUTING AGENCY CERTIFICATION | | REGIONAL OFFICE | | DATE | | FOOD AND NUTRITION SERVICE APPROVAL | | SIGNATURE | | |
| DATE | | SIGNATURE | | | | | | | | |

FNS-53 (8-93) Previous editions obsolete

| D/A CODE | | DELIVERY YEAR | | | | F/R-D/O NUMBER | | | | DELIVERY PERIOD | | | |
|------------------|--|----------------------|-----------|-------------------|--------------------|---------------------------|---------------------|--------------|--------------|-----------------|--|--|--|
| 9 COMMODITY CODE | 10 COMMODITY DESCRIPTION (USE SHORT TITLE) | 11 EST. COST PER LB. | PACK TYPE | 12 NET WT. (CASE) | 13 QTY. REG. CASES | 14 TOT. NET WEIGHT (LBS.) | 15 TOTAL VALUE (\$) | 16 ADJ. CODE | 17 SECT. LAW | 18 REDO | | | |
| A286 | PINEAPPLE J | | 12/46 | 37.70 | | | | | | | | | |
| A290 | TOMATO J | | 12/46 | 36.50 | | | | | | | | | |
| A300 | ORANGE J | | 12/46 | 37.50 | | | | | | | | | |
| A355 | APPLESAUCE 303 | | 24/303 | 24.00 | | | | | | | | | |
| A401 | F. COCKTAIL 303 | | 24/303 | 24.00 | | | | | | | | | |
| A412 | PEACHES CLING 303 | | 24/303 | 24.00 | | | | | | | | | |
| A439 | PEARS 303 | | 24/303 | 24.00 | | | | | | | | | |
| A446 | PINEAPPLE 2 | | 24/2 | 30.00 | | | | | | | | | |
| A461 | PLUMS 303 | | 24/303 | 24.00 | | | | | | | | | |
| A480 | PRUNES 1 | | 24/1 | 24.00 | | | | | | | | | |
| A502 | RAISINS 48 | | 48/1 | 48.00 | | | | | | | | | |
| A560 | POULTRY CND | | 24/29 | 43.50 | | | | | | | | | |
| A562 | CHICKEN CND | | 24/29 | 43.50 | | | | | | | | | |
| A570 | EGG MIX 6 | | 48/6 | 18.00 | | | | | | | | | |
| A597 | STEW CND | | 24/24 | 36.00 | | | | | | | | | |
| A599 | STEW 24/15 | | 24/15 | 22.50 | | | | | | | | | |
| A610 | BEEF NJ | | 24/29 | 43.50 | | | | | | | | | |
| A617 | LUNCHMEAT P 24 | | 24/30 | 45.00 | | | | | | | | | |
| A619 | LUNCHMEAT 24 | | 24/30 | 45.00 | | | | | | | | | |
| A630 | PORK NJ | | 24/29 | 43.50 | | | | | | | | | |
| A740 | TUNA 12.5 | | 24/12.50 | 18.75 | | | | | | | | | |
| A741 | TUNA 12.25 | | 24/12.25 | 18.37 | | | | | | | | | |
| A800 | SALMON PINK | | 48/14.75 | 44.25 | | | | | | | | | |

SPECIMEN

| D/A CODE | | DELIVERY YEAR | | | F/R-D/O NUMBER | | | DELIVERY PERIOD | | | |
|------------------|--|----------------------|-----------|----------------------------|--------------------|---------------------------|---------------------|-----------------|--------------|---------|--|
| 9 COMMODITY CODE | 10 COMMODITY DESCRIPTION (USE SHORT TITLE) | 11 EST. COST PER LB. | PACK TYPE | 12 NET WT. PER UNIT (CASE) | 13 QTY. REQ. CASES | 14 TOT. NET WEIGHT (LBS.) | 15 TOTAL VALUE (\$) | 16 ADJ. CODE | 17 SECT. LAW | 18 REDO | |
| A910 | BEANS BLKEYE 2 | | 12/2 | 24.00 | | | | | | | |
| A912 | BEANS B LIMA 2 | | 12/2 | 24.00 | | | | | | | |
| A914 | BEANS PINTO 2 | | 12/2 | 24.00 | | | | | | | |
| A917 | BEANS GRT NORTH 2 | | 12/2 | 24.00 | | | | | | | |
| A918 | BEANS NAVY PEA 2 | | 12/2 | 24.00 | | | | | | | |
| A920 | BEANS LT KIDNEY 2 | | 12/2 | 24.00 | | | | | | | |
| A922 | PEAS SPLIT 2 | | 12/2 | 24.00 | | | | | | | |
| B060 | BUTTER 36 | | 36/1 | 36.00 | | | | | | | |
| B060 | CHEESE 30 | | 6/5 | 30.00 | | | | | | | |
| B061 | EVAP 12 | | 48/12 | 40.00 | | | | | | | |
| B090 | INSTANT 24 | | 6/4 | 24.00 | | | | | | | |
| B137 | CORNMEAL 6 DEG | | 10/5 | 50.00 | | | | | | | |
| B141 | CORNMEAL 10 DEG | | 5/10 | 50.00 | | | | | | | |
| B160 | FARINA | | 24/14 | 21.00 | | | | | | | |
| B161 | CEREAL INFANT RM | | 12/8 | 6.00 | | | | | | | |
| B162 | FORMULA SOY DRY | | 6/14 | 6.25 | | | | | | | |
| B163 | FORMULA SOY 12 | | 12/13 | 10.75 | | | | | | | |
| B165 | FORMULA | | 24/13 | 21.50 | | | | | | | |
| B166 | FORMULA SOY | | 24/13 | 21.50 | | | | | | | |
| B167 | FORMULA POWDER | | 12/1 | 12.00 | | | | | | | |
| B168 | FORMULA POWDER 6 | | 6/1 | 6.00 | | | | | | | |
| B179 | FLOUR AP 5 | | 10/5 | 50.00 | | | | | | | |
| B180 | FLOUR AP 10 | | 5/10 | 50.00 | | | | | | | |
| B229 | FLOUR B 5 | | 10/5 | 50.00 | | | | | | | |

SPECIMEN

| D/A CODE | | DELIVERY YEAR | | | | F/R-D/O NUMBER | | | | DELIVERY PERIOD | | | |
|------------------|--|----------------------|-----------|----------------------------|--------------------|---------------------------|---------------------|--------------|--------------|-----------------|--|--|--|
| 9 COMMODITY CODE | 10 COMMODITY DESCRIPTION (USE SHORT TITLE) | 11 EST. COST PER LB. | PACK TYPE | 12 NET WT. PER UNIT (CASE) | 13 QTY. REQ. CASES | 14 TOT. NET WEIGHT (LBS.) | 15 TOTAL VALUE (\$) | 16 ADJ. CODE | 17 SECT. LAW | 18 REDO | | | |
| B230 | FLOUR B 10 | | 5/10 | 50.00 | | | | | | | | | |
| B349 | FLOUR WW 5 | | 10/5 | 50.00 | | | | | | | | | |
| B350 | FLOUR WW 10 | | 5/10 | 50.00 | | | | | | | | | |
| B387 | FLOUR MIX | | 6/5 | 30.00 | | | | | | | | | |
| B403 | HONEY 24 | | 24/24 | 36.00 | | | | | | | | | |
| B425 | MACARONI 1 | | 24/1 | 24.00 | | | | | | | | | |
| B445 | OATS 3 | | 12/3 | 36.00 | | | | | | | | | |
| B470 | PB 2 | | 24/2 | 48.00 | | | | | | | | | |
| B501 | ROASTED 12 | | 24/12 | 18.00 | | | | | | | | | |
| B610 | RICE 2 | | 24/2 | 48.00 | | | | | | | | | |
| B670 | WHEAT 3 | | 12/3 | 36.00 | | | | | | | | | |
| B666 | VEG OIL 48 | | 10/5 | 23.10 | | | | | | | | | |
| B720 | SHORT S 3 | | 12/3 | 36.00 | | | | | | | | | |
| B835 | SPAGHETTI 2 | | 12/2 | 24.00 | | | | | | | | | |
| B850 | CEREAL CORN | | 24/18 | 27.00 | | | | | | | | | |
| B851 | CEREAL CORN 16 | | 14/16 | 14.00 | | | | | | | | | |
| B852 | CEREAL CORN 17.5 | | 12/17.5 | 13.13 | | | | | | | | | |
| B860 | CEREAL OATS | | 24/15 | 22.50 | | | | | | | | | |
| B861 | CEREAL OATS 16 | | 12/16 | 12.00 | | | | | | | | | |
| B864 | CEREAL RICE | | 24/13 | 19.50 | | | | | | | | | |
| B866 | CEREAL RICE 12 | | 12/13 | 9.75 | | | | | | | | | |
| B867 | CEREAL RICE 17.5 | | 12/17.5 | 13.13 | | | | | | | | | |
| B870 | CEREAL WHEAT | | 24/18 | 27.00 | | | | | | | | | |
| B871 | CEREAL WHEAT 16 | | 12/16 | 12.00 | | | | | | | | | |

STEEPLEMOUNT

INSTRUCTIONS

(For State Distributing Agency or Indian Tribal Organization)

ITEM:

QUARTER - Enter the Quarter provided by the FNS Regional Office for School Year in which shipment is to be made. Example: Q1 (for January, February, or March); Q2; Q3, or Q4.

STAFF - Enter the two-letter State Code in which the Distributing Agency is located. Example: For UTE Mountain Tribe in Colorado you would enter CO.

NAME OF DISTRIBUTING AGENCY - Enter the name of the Distributing Agency.

AVERAGE PARTICIPATION - Enter the average number of participants served by the program.

TYPE OF ACTION - Place an "X" in the applicable category. (Delete, Add, or Change)

BLOCK:

1. **DA CODE** - Enter the three-digit code number of the Distributing Agency.
2. **DELIVERY YEAR (ALPHA)** - Enter the alphabetical designation provided by the FNS Regional Office for the School Year in which shipment is made.
3. **FOOD REQUISITION/DELIVERY ORDER NUMBER** - Use the same number for both categories. Assign numbers unless advised by the FNS Regional offices. The numbers should begin with 501 each school year, continuing numerically through 899.
4. **OUTLET** - Enter the appropriate outlet as follows: CSEP for Commodity Supplemental Food Program; FDIR for Food Distribution Program on Indian Reservations.
5. **ENTITY CODE** - The entity code is provided by the Kansas City Commodity Office (KCCO) for each given destination.

6. **CITY** - The City should be spelled out in its entirety.
7. **DELIVERY PERIOD (NUMERICAL)** - Enter the beginning and ending delivery period desired. First half: 01/15/93. Second half: 01/31/93.
8. **REMARKS** - For use by the Distribution Agency or the Regional Office. Indicate (by city) if shipment should be combined. Example: "Combine w/Rochester." Also list information important for KCCO to receive such as "No deliveries on Friday."
9. **COMMODITY CODE** - Items are preprinted. If new item, check with FNS Regional Office for correct code.
10. **COMMODITY DESCRIPTION "SHORT TITLE"** - Items are preprinted. If new item, check with FNS Regional Office for correct short title.

11. **ESTIMATED COST PER POUND** - Optional entry, cost per pound of a commodity.
12. **NET WEIGHT PER UNIT (CASES/Balers)** - Items are pre-printed.
13. **QUANTITY REQUESTED** - (CASES/Balers: Enter the number of full cases/balers requested.
14. **TOTAL NET WEIGHT PER ORDER (POUNDS)** - Enter net pack weight per order (pounds). Net pack weight x units requested = Net weight per order. Total weight per truckload should not exceed 36,000 pounds net weight. Weight must be adjusted downward when ordering bulky light weight items such as adult cereal.
15. **TOTAL VALUE** - Optional entry, total net weight x estimated cost equals total value.

The following categories should be left blank, for FNS Regional Offices or FNS Headquarters to complete:

16. **ADJUSTMENT CODE** - (Leave Blank)
17. **SECTION LAW** - (Leave Blank)
18. **REDONATION CODE** - (Leave Blank)

DISTRIBUTING AGENCY CERTIFICATION - The person who executed the "Agreement for Distribution" and use of Donated Commodities (Form FNS-51) on behalf of the Distributing Agency, or his/her designee, shall sign and date here in ink or indelible pencil.

(For FNS Regional Office)

BLOCK:

3. **DELIVERY ORDER/FOOD REQUISITION NUMBER** - Begin with 501, continuing numerically through 899.
8. **REMARKS** - Optional.
16. **ADJUSTMENT CODE** - Refer to IT instructions for appropriate adjustment codes and their use.
17. **SECTION LAW** - Commodity Supplemental Food Program (CSFP) - 17 Food Distribution Program on Indian Reservations (PIR) - 4a.

Bonus Commodities - 416 (Verify with FNS Headquarters for an updated list of bonus commodities and eligible outlets)

18. **REDONATION CODE** - Refer to IT instructions for appropriate redonation codes and their use.

FOOD AND NUTRITION SERVICE APPROVAL - The FNS Regional Office employee who is authorized to approve Food Requisitions will show the appropriate Regional Office (SERO, MPRO, etc.), and sign and date. This approval by Regional Office indicates that States or Tribal inventory levels have been checked out and the orders have been prepared in accordance with these instructions.

DISTRIBUTION:

1. The Distribution Agency shall retain one copy and forward the original and other copies with carbon inserts to the FNS Regional Office.
2. After approval for multi-food shipments, the FNS Regional Office will send one copy with any changes to the Distribution Agency. The Regional Office will retain the original.

(RESERVED)

SAMPLE COPY OF FORM FNS-57

FORM APPROVED OMB NO. 0584-0293

U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE

REPORT OF SHIPMENT RECEIVED OVER, SHORT AND/OR DAMAGED

SEE INSTRUCTIONS ON REVERSE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0293. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

SECTION A - SHIPMENT IDENTIFICATION AND UNLOADING INFORMATION

| | | | |
|--|--------------------------|--|--|
| 1. NAME OF COMMODITY | 2. TYPE OF PACK | 3. CONTRACT NO. | 4. DESTINATION CITY AND STATE |
| 5. DELIVERY ORDER NO. | 6. NOTICE TO DELIVER NO. | 7. METHOD OF DELIVERY <input type="checkbox"/> RAIL <input type="checkbox"/> TRUCK <input type="checkbox"/> PIGGYBACK | 8. RR CAR, TRUCK, OR PIG NO. |
| 9. UNLOADED STARTED (Date and Time) | | COMPLETED (Date and Time) | 10. OCEAN BILL OF LADING NO. (Overseas Shipment Only) |

SECTION B - OVERAGE, SHORTAGE, AND/OR DAMAGE

| | | | | | |
|---|--------------------------------------|---|--|--|------------------|
| 11. QUANTITY | | | | | |
| A. REPORTED SHIPPED | B. AMOUNT RECEIVED IN GOOD CONDITION | C. OVER | D. SHORT | E. DAMAGED | F. HIDDEN DAMAGE |
| 12A. DAMAGE/OVERAGE/SHORTAGE WHEN DISCOVERED <input type="checkbox"/> BEFORE UNLOADING <input type="checkbox"/> DURING UNLOADING <input type="checkbox"/> AFTER UNLOADING | | 12B. HOW DISCOVERED <input checked="" type="checkbox"/> UNLOADING TALLY <input type="checkbox"/> PHYSICAL RECOUNT <input type="checkbox"/> OTHER | | 13. CARRIER'S AGENT PRESENT DURING UNLOADING <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 14. DOOR SEAL NUMBERS A. INBOUND NUMBERS AND CONDITION OF SEALS | | | B. OUTBOUND SEAL NUMBERS (If Applicable) | | |
| 15. CARRIER'S AGENT NOTIFICATION A. NAME OF AGENT B. DATE NOTIFIED | | | 16. DID CARRIER'S AGENT RESPOND TO NOTIFICATION? <input type="checkbox"/> YES (In what way) <input type="checkbox"/> NO (Explain) | | |
| C. HOW NOTIFIED <input type="checkbox"/> IN PERSON <input type="checkbox"/> FAX <input type="checkbox"/> TELEPHONE <input type="checkbox"/> E-MAIL | | | | | |
| 17. COMPLETE IF APPLICABLE | | | | | |
| A. WAS MECHANICAL REFRIGERATION, EQUIPMENT OPERATING <input type="checkbox"/> YES <input type="checkbox"/> NO | | | B. TEMPERATURE OF REFRIGERATION UNIT/INTERIOR TEMP/COMMODITY | | |

CONSIGNEE CERTIFICATION

I CERTIFY the information and statements above are, to the best of my knowledge and belief, true and correct.

| | |
|------|--|
| DATE | SIGNATURE OF CONSIGNEE OR REPRESENTATIVE |
|------|--|

CARRIER CERTIFICATION

Receipt of a copy of this report is hereby acknowledged and the facts contained herein are verified.

| | |
|------------------------------|-----------------------------|
| SIGNATURE OF CARRIER'S AGENT | NAME AND ADDRESS OF CARRIER |
| DATE | CARRIER REMARKS |

REMARKS (IF DAMAGED, PLEASE INDICATE NATURE AND DISPOSITION OF THE DAMAGE)

FNS HANDBOOK 501
EXHIBIT S

INSTRUCTIONS

This report is to be prepared whenever a shipment is received over, short, and/or damaged.

**SECTION A - SHIPMENT IDENTIFICATION/
UNLOADING INFORMATION**

This section will be completed at all times to identify the shipment being reported as over, short and/or damaged.

ITEM

1. Self-explanatory.
2. Show type of pack, such as case 6/10's, case 12/No. 3 cylinders, 50# bag, etc.
3. Self-explanatory.
4. Self-explanatory.
5. Record Delivery Order No including Commodity Code.
6. Record the Notice to Deliver No. shown in the space marked "N/D No." in the upper right on the KCCO 269A.
7. Check applicable box.
8. Record railroad car number, truck, or piggyback number.
9. Record date and time unloading started, and date and time unloading was completed.
10. When applicable, record the ocean bill of lading number, (For Overseas Shipments ONLY)

**SECTION B - OVERAGE, SHORTAGE, AND/OR
DAMAGE**

When a shipment is received over, short, and/or damaged, items 11 through 16 should be completed.

- 11A. Record the number of units shown on the (KCCO) 269A, Forwarding Notice.
- 11B. Record the number of units received.
- 11C. Record the number of units received over the quantity reported shipped on the 279A.
- 11D. Record the number of units received short of the quantity reported shipped on the 269A.

- 11E. Record the number of units received damaged of the quantity reported shipped on the 269A.
- 11F. Record the number of units received damaged of the quantity reported shipped on the 269A after unloading.
- 12A. Check applicable box.
- 12B. Show the information that will establish proof that the shipment was actually over, short, and/or damaged.
13. Check applicable box to show whether or not carrier's agent was present from time car or truck was opened until unloading was completed.
- 14A. Record the inbound seal numbers on all doors and the condition of the seals. If shipment was made and not sealed, show "no seals."
- 14B. If applicable, intermediate consignees on split shipments shall record the seal numbers placed on all doors.
- 15A,B, C. Complete all three items.
16. If the "yes" box is checked, explain how the agent responded (for example: made personal inspection; advised that they would not be available; advised consignee's inspection would suffice, etc.)

If the carrier's agent did not respond, explain why (for example: no agent available; refused to inspect; did not acknowledge, etc.)
- 17A. Check applicable boxes.
- 17B. Record the temperature of the refrigeration unit located on the outside of the trailer, interior temp/ commodity.

CONSIGNEE'S CERTIFICATION

Self-explanatory.

CARRIER'S CERTIFICATION

Request that the carrier's agent complete these items, if the agent refuses, and if available, request a copy of the carrier's S&D report. If the carrier does not have a report make the following notation "Agent (insert name of driver) of (insert name of carrier) did not agree with this report. The reason for the dispute is (give brief explanation). A copy of the report was given to him/her on (insert date)." If the carrier's signature cannot be obtained within 10 days or if the carrier is not available, make the following notation "carrier did not respond" or carrier is not available."

NOTE: Only one form needs to be completed for a consolidation shipment. Make sure all overages, shortages and damages are fully explained. If necessary please attach a separate sheet. Item 6 - please list the consolidation number rather than the ND.

SAMPLE COPY OF FORM KC-269-A

| | | | | | | | | | |
|---|---------------------------------------|---|---|------------------------------|---|---|------------------------|-----------------|-----------|
| KC-269-A (1-15-89) | | U. S. DEPARTMENT OF AGRICULTURE Kansas City FSA Commodity Office | | | FORM APPROVED - OMB No. 056 0-0043 | | | | |
| FORWARDING NOTICE | | | | DATE 10/19/98 | CONTRACT No. OR WHSE. CODE 12029302501 | N C No VDD020259242 | | | |
| PAGE 1 OF 1 | | | | DOCKET | ANNOUNCEMENT LS58 | INVITATION 914 | | | |
| HAS BEEN INSTRUCTED TO DELIVER THE FOLLOWING COMMODITY | | | | | | | | | |
| COMMODITY DESCRIPTION BEEF, COARSE GROUND, REPROCESS | SERVICING CARRIER | PC 8 | PY 99 | COMM CODE 2510 | CERTIFICATE No. | GRADE FOB OR F&S DESTIN | | | |
| MAILING ADDRESS OF SHIPPER FRESNO MEAT COMPANY 3115 S. FIG AVENUE P.O. BOX 12807 FRESNO CA 93779 | | | LOCATION OF SHIPPER FRESNO MEAT COMPANY 3115 S. FIG AVENUE P.O. BOX 12807 FRESNO CA 93706 | | | | | | |
| PHONE 209-265-4380 6 | | | | | | | | | |
| *NOTE Explain all differences between billed and received weight on reverse | | | | | | | | | |
| WAREHOUSE LOT IDENTIFICATION - | | | | | | | | | |
| LOT No. | PC | PY | COMM. CODE | SIZE-TYPE UNITS | No. OF UNITS | NET WEIGHT | GROSS WEIGHT | CERTIFICATE No. | EX N D No |
| FINAL CONSIGNEE AND DESTINATION I 446185 ITEM NO OOB | | | | | | | | | |
| TC 510 | DESTINATION CITY & STATE SEE BELOW | | DISPOSITION NUMBER A594124YO10C | SIZE-TYPE UNITS 60 LB CTN | UNITS 700 | NET WEIGHT 42.000 | GROSS WEIGHT 43.400 | DELY CARR | |
| C/O TRUCK DELY LOC PIERRE SPECIALTY FOODS C/O INTERSTATE WAREHOUSING 110 DISTRIBUTION DRIVE HAMILTON OH 45014 CALL 24 HOURS IN ADVANCE FOR APPOINTMENT CONTACT RECEIVING DEPT PHONE 513-874-6500 | | | C/O RAIL DELY LOC | | | CONSIGN TO MARYLAND DEPARTMENT OF EDUCATION 124 | | | |
| CONSIGNEE RECEIPT FOR | | | UNITS RECEIVED | DATE RECD | RECEIVED BY (SIGNATURE & TITLE) | | | | |
| CONTACT AUSTIN SMITH PHONE 410-767-0206 FAX 410-333-2635 | | | | | | | | | |
| NON-COMMON CARRIER MOVES | | | | | | | | | |
| WAREHOUSE LOT IDENTIFICATION - | | | | | | | | | |
| LOT No. | PC | PY | COMM. CODE | SIZE-TYPE UNITS | No. OF UNITS | NET WEIGHT | GROSS WEIGHT | CERTIFICATE No. | EX N D No |
| CONSIGNEE AND DESTINATION II | | | | | | | | | |
| TC | DESTINATION CITY & STATE | | DISPOSITION NUMBER | SIZE-TYPE UNITS | UNITS | NET WEIGHT | GROSS WEIGHT | DELY CARR | |
| CONSIGNEE RECEIPT FOR | | | | | | | | | |
| UNITS RECEIVED | | | | | | | | | |
| DATE RECD | | | | | | | | | |
| RECEIVED BY (SIGNATURE & TITLE) | | | | | | | | | |
| NON-COMMON CARRIER MOVES | | | | | | | | | |
| ROUTING - To Order Equipment, Phone | | | | | RATE ID | TRANS MODE | MILES | | |
| FOR MORE INFO, PHONE JANE COLEMAN 816 926 2607 | | | | | UNITS 700 | NET WEIGHT 42.000 | GROSS WEIGHT 43.400 | | |
| FOR TRANSPORTATION INFO, PHONE 000 0000 | | | | | SHIP NET 11/08/98 | SHIP NLT 11/21/98 | ***** | | |
| SHOW ON B/L: VENDOR/TRUCKER MUST CONTACT CONSIGNEE AT LEAST 24 HOURS BEFORE DELIVERY FOR APPOINTMENT TO UNLOAD. | | | | | | | | | |
| R E M A R K S | | | | | | | | | |

KC-269-A (REVERSE)

PAGE OF

SECTION I REPORT OF CARGO OVER, SHORT, AND/OR DAMAGED

NOTE: No further monies or other benefits may be paid out under this program unless this report is completed and filed, when necessary, as required by existing laws and regulations (PL-806).

| | | | | | |
|-----------------------------|--|---|-----------------------------|---------------------------------------|--|
| COMMODITY | | DESTINATION | | N/D NUMBER | |
| NAME AND ADDRESS OF SHIPPER | | | QUANTITY | | WEIGHT PER UNIT |
| | | | BILLED | RECEIVED | |
| A. OVERAGE | | B. SHORTAGE (SUBMIT COPY OF UNLOADING TALLY SHEET) | | | |
| 1. NUMBER OF UNITS OVER | | 1. NO. UNITS SHORT | 2. SEAL NUMBER (BOTH DOORS) | <input type="checkbox"/> SEALS INTACT | 3. SHORTAGE DISCOVERED |
| | | | | <input type="checkbox"/> SEALS BROKEN | <input type="checkbox"/> BEFORE UNLOADING <input type="checkbox"/> DURING UNLOADING <input type="checkbox"/> AFTER UNLOADING |
| 2. DISPOSITION | | 4. CAR UNLOADED FROM | | | |
| | | <input type="checkbox"/> A. CAR TO PIER <input type="checkbox"/> C. FLOAT TO PIER <input type="checkbox"/> E. CAR TO WAREHOUSE <input type="checkbox"/> G. IF (E) OR (F) IS CHECKED SHOW DISTANCE <input type="checkbox"/> B. CAR TO LIGHTER <input type="checkbox"/> D. FLOAT TO SHIP <input type="checkbox"/> F. TEAM TRACK VIA TRUCK TO WAREHOUSE | | | |
| | | 5. DESCRIBE LOAD BY TIERS AND STATE LOCATION OF TIERS IN WHICH SHORTAGE WAS FOUND | | | |
| | | 6. WAS LOAD UNITIZED (PALLET/SHRINK WRAPPED) <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| | | 7. PROTECTION AFFORDED SHIPMENT DURING UNLOADING | | | |

| | | | | | |
|---|---------------------------|-------------------------------------|--|--|--------------|
| C. DAMAGE | | | | | |
| 1. NUMBER OF UNITS | | 2. NATURE OF DAMAGE | | 3. APPARENT CAUSE | |
| A. DAMAGED | B. RECOVERED | | | | |
| 4. NET LOSS DUE TO DAMAGE (LBS) | | 5. DISPOSITION OF DAMAGED COMMODITY | | 6. RECONDITIONING CHARGES | |
| | | | | AMOUNT | B. BILLED TO |
| 7. GENERAL CONDITIONS | | | | | |
| A. LOAD PROPERLY BULKHEADED OR BRACED <input type="checkbox"/> YES <input type="checkbox"/> NO | | | B. LOAD SHIFTED OR JUMBLED <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 8. IF PERISHABLE COMMODITY, SUPPLY FOLLOWING INFORMATION | | | | | |
| A. NO. OF HEATERS | B. NO. OF HEATERS BURNING | C. TEMP. ON ARRIVAL | | 9. A. CARRIER NOTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | INSIDE CAR | | OUTSIDE CAR | |
| 10. PHYSICAL CONDITION OF CAR OR TRUCK. IF NOT GOOD DESCRIBE FULLY | | | | 11. WEIGHTS SECURED <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | | | TYPE OF SCALE <input type="checkbox"/> COUNTER <input type="checkbox"/> PLATFORM <input type="checkbox"/> TRUCK <input type="checkbox"/> PORTABLE | |

| | | | |
|---|--|-------------------------------|--|
| VERIFICATION OF DELIVERING CARRIER | | CONSIGNEE | |
| NAME AND ADDRESS OF DELIVERING CARRIER | | NAME AND ADDRESS OF CONSIGNEE | |
| SIGNATURE OF AGENT | | SIGNATURE OF AGENT | |
| DATE | | DATE | |

NOTE: Copy of carrier's O.S. and D. report definitely stating loss, damage, or shortage must accompany this report when carrier does not verify, or condition his verification of this report. O.S. and D. reports containing "Consignee Claims" statements are not acceptable.

| | | | | | |
|--|--------------|------------------------------|---------------|------------------------|---|
| SECTION II WAREHOUSE OR CONSIGNEE RECEIPT (Non-Negotiable) | | | | | |
| CAR INIT. & NO. OR TRUCK LICENSE | | STORAGE BEGIN DATE C.C.C | DATE RECEIVED | PACK DATE (MONTH/YEAR) | TEMP. ON ARRIVAL |
| REC'D IN GOOD CONDITION | NO. OF UNITS | GROSS WT.* | NET WT.* | WHSE CODE | LOT NO. ASSIGNED |
| This is to certify that we have accepted from Agricultural Stabilization and Conservation Service the commodity shown herein which will be handled in accordance with terms and conditions of contracts or tariff whichever is applicable. | | | | | RECEIVED FOR <input type="checkbox"/> STORAGE <input type="checkbox"/> PROCESSING <input type="checkbox"/> OTHER |
| CONSIGNEE OR FACILITY NAME | | AUTHORIZED SIGNATURE & TITLE | | DATE | * NOTE-Explain all differences between billed and received weight. |

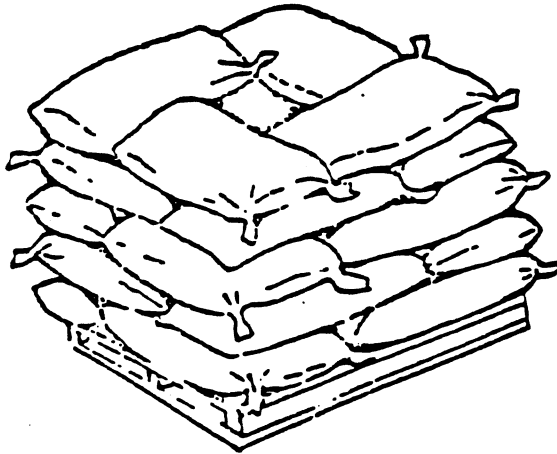
| | | | | | | |
|--|-------------------------------------|--------------------|-------------|--|-------------------------------------|--------------------|
| SECTION III DISTRIBUTING AGENCY CONSIGNEE RECEIPT | | | | | | |
| CONSIGNEE I | QUANTITY RECEIVED IN GOOD CONDITION | | SEAL NUMBER | CONSIGNEE II | QUANTITY RECEIVED IN GOOD CONDITION | |
| QUANTITY OVER | QUANTITY SHORT** | QUANTITY DAMAGED** | | QUANTITY OVER | QUANTITY SHORT** | QUANTITY DAMAGED** |
| SIGNATURE | | DATE REC'D | | SIGNATURE | | DATE REC'D |
| CONSIGNEE NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | CONSIGNEE NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

**NOTE-All shortages or damage must be reported on Form FNS-57. Send original to ASCS. Commodity Code attached to Consignee Receipt.

(RESERVED)

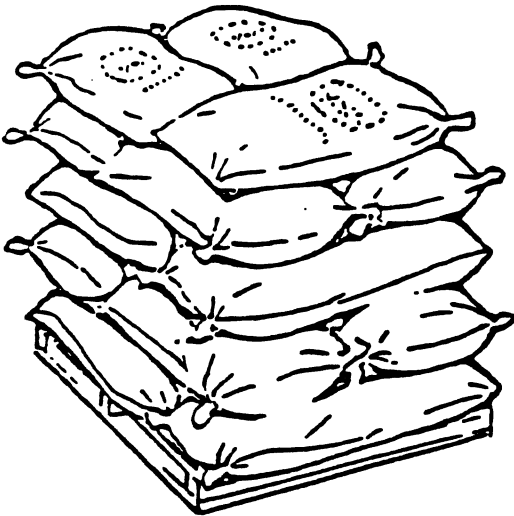
STACKING - EXAMPLE NO. 1

The arrangement of cases or bags within a stack influences the safety of handling palletized foods with power equipment and the stability of high piled foods. When foods are to be piled high, it is essential that the cases or bags be "tied in" or "locked." Examples of correct methods of stacking are shown in the following illustrations.



Completed Chimney-style
stacking of 50 pound bags:

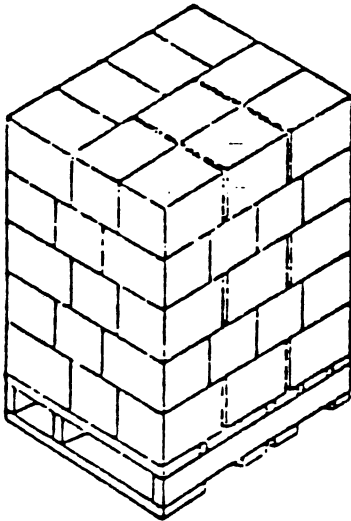
Bags per tier..... 4
Tiers..... 5
Bags per load 20
Weight per load..1,000 lbs.



Completed Lock-style Stacking
of 100 lb. bags

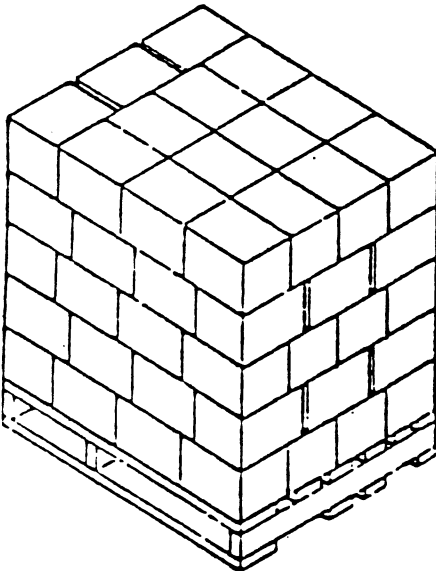
Bags per tier..... 3
Tiers..... 5
Bags per load.....15
Weight per load....1,500 lbs.

STACKING - EXAMPLE NO. 2



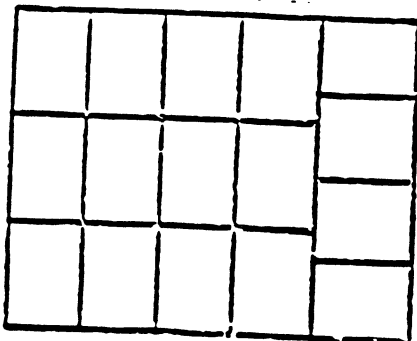
Can Size..... No. 300
Cans per case..... 24
Size per case..... 13" x 9 1/4" x 9"
Weight per case..... 26.75 lbs.

Pallet Size..... 32" x 40"
Cases per tier..... 10
Tiers..... 5
Cases per load..... 50
Weight per load 1,337.5 lbs.



Pallet Size..... 48" x 40"
Cases per tier..... 15
Tiers 5
Cases per load..... 75
Weight per load 2,006.25 lbs.

ALTERNATE LOAD PATTERN



Cases per tier..... 15
Tiers..... 5
Cases per load..... 80
Weight per load 2,140 lbs.

IDENTIFICATION CARD FOR USDA DONATED FOODS

Side 1

IDENTIFICATION CARD FOR
USDA DONATED FOODS

Case Number _____

Name _____

Spouse _____

Address _____

Case Worker _____

Reservation _____ Date _____

Recertification Date: _____

SPECIMEN

Side 2

Signature of Applicant

Signature of Spouse

Signature of Authorized Representative

SPECIMEN

