EXHIBIT G **THE EMERGENCY FOOD ASSISTANCE PROGRAM MANIFEST** **(Rev. 06/04)**

(_____) AREA SITES

Area Office Delivery Date:_____

NAME OF ORGANIZATION	NUMBER OF CASES ALLOCATED TO ORGANIZATION (List foods below received during shipment.)								SIGNATURE OF REPRESENTATIVE
	Example Peaches								
Total Number of Cases									

_____

Signature of Area Director or Representative

This institution is an equal opportunity provider.