

Local Agency: \_\_\_\_\_\_

	Client ID and	Formula Type & Amount	Destroyed or	Date Destroyed or Donated; If	
Date Returned	Initials	Returned	Donated?	Donated- Where?	Name of 2 LA staff members
		Similac Advance Powder, 4			Staff Member 1
10/10/2019	JS, ID# 1000000	cans	Donated	10/11/19; XYZ Food Pantry	Staff Member 2
					1/1/2020