



Submission Studio

Form Name: FNS-152 (6-05)
Form Description: Monthly Distribution of Donated Food to Family Units
Program: Food Distribution Program on Indian Reservations
State: AK
Agency Code: 0299024 **Agency Name:** ALASKA NATIVE TRIBAL HEALTH CONSORTIUM
Program Time: February 2019
Submission Type: Monthly **Revision:** 0
Submission Status: New Submission

Analyze Save Edit Check Post Quit

Participation		Commodity		Remarks				
Commodity Name (Pack Size)	Code	Amount on Hand First of Month (9a)	Amount Received (9b)	Amount Redonated In (9c)	Total Amount Available During Month (9a)+(9b)+(9c)=(9d)	Amount Issued (10a)	Amount Redonated Out (10b)	Amount Used Nutrition Education (10c)
PCIMS code not found	N/A							
Butter Print Salted Ctn-36/1 Lb	100001							
PCIMS code not found	N/A							
Cherry Apple Juice Btl 8/64 Oz	100894							
PCIMS code not found	N/A							
Chicken Consumer Split Breast Pkg 6/5 Lb	110154							
PCIMS code not found	N/A							
Milk Skim Evaporated Can 24/12 Fl Oz	110162							
PCIMS code not found	N/A							
Soup Crm Of Chicken Rdu Sod Ctn-12/22 Oz	110163							
PCIMS code not found	N/A							