

Attachment 20-B FPRS Screen Shots

FNS-153

Attachment 20- FNS-153 FPRS Screen Shots





United States
Department of
Agriculture

Emulator WS43
User: HQ

Food Programs
Reporting System















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Submission Studio

Form Name:	FNS-153 (5-00)		
Form Description:	Monthly Report of the CSFP and Quarterly Administrative Financial Status Report		
Program:	Commodity Supplemental Food Program		
State:	AZ		
Agency Code:	0491501	Agency Name:	AZ DEPT OF EDUCATION
Program Time:	October 2018		
Submission Type:	Monthly	Revision:	0
Submission Status:	New Submission		

Analyze
Save
Edit Check
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Quit

Participation

Commodities

Remarks

Participation		Infants (0-3) Months (A)	Infants (4-12) Months (B)	Children (1-6) Years (C)	Pregnant / Breast Feeding Women (D)	Post Partum Women (E)	Total No. Part. (4A+B+C +D+E=4F) (F)	Total No. of Elderly Part. (G)
4. Number of Participants		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Reporting Measurements	Cases or Units	<input type="text"/>						
	<input type="text"/>							
20. CSFP Administration		Outlays (A)	Unliq. Obligation (B)	Total (C)	Unliq. Bal. of Advances (D)			
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

