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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 Post Quit

Participation	Commodities	Remarks							
4. Number of Participants			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)
			<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"/>							
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"/>			