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**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							