



Home | Online Forms | Search | FNS-648 | Admin. | Help | Contact Us | Sign Out | Post | Reject | Certify | Submit/Revise | Search | Due Date | Overdue Submission |

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							