

COMMODITY HOLD FORM

DISTRIBUTOR IS TO HOLD THESE COMMODITIES FOR DELIVERY
IN THE FALL OF _____
(year)

PLEASE HOLD THE COMMODITIES LISTED BELOW FOR MY AGENCY FOR DELIVERY IN THE FALL OF _____. THESE ITEMS WERE RECEIVED AT YOUR FACILITY LATE IN THE SCHOOL YEAR AND WE REQUEST THAT YOU HOLD THEM FOR US. **ENCLOSED IS A COPY OF OUR FDP 13 FOR EACH ITEM LISTED BELOW.** EACH FORM 13 SHOWS A DELIVERY DATE AT THE START OF NEXT SCHOOL YEAR. WE AGREE TO PAY THE EXTRA STORAGE CHARGES DUE ON THESE ITEMS ACCORDING TO THE CONTRACT PRICE.

COMMODITY	MATERIAL NUMBER	SALES ORDER AND ITEM NUMBER	ARRIVAL DATE	QUANTITY ON HOLD

NAME OF RECIPIENT AGENCY _____

SIGNATURE OF ADMINISTRATOR/CNP DIRECTOR _____

DATE SUBMITTED _____

NAME OF DISTRIBUTOR _____

(Mail one copy to your distributor and one copy to the Food Distribution Program Office by May 15th of the current school year.)

This form may not be used on the fifth year of a distributor's contract.