USDA Foods Transfer Request

State-to-State Releasing State:		Receiving State:	Processor	•			
-OR-							
Processor-to-Processor	Physical [] Paper	J Authorization	Number (State Use) :		State Signature:		
Releasing Processor:			Receiving Processor:				
Recipient Agency:	RA Number:		Contact Name:	RA Signature:			
Sales Order Number	SO Item Number	Material Code	Material Description	Quantity (Cases/Lbs)	SDA (Sold-To Party BP)	Entitle Adjus	
						YES	NO
For Paper Transfers:	\$ value and check amount						
RELEASING STATE OR PROCESSOR							
Releasing State Signature Date/ Phone:							
Releasing State Signature Date/ Phone: E-Mail Address:							
L-Iviali Addi ess.							
Processor Signature (if applicable) Date/					Phone:		
E-Mail Address:							
RECEIVING STATE OR PROCESSOR							
Parairing State Signature					Phone:		
Receiving State Signature Date/ Phone: E-Mail Address:							
L-Iviali Addi ess.							
Processor Signature (if different from above)			Date	/	Phone:		
E-Mail Address:							
FNS USE ONLY							
USDA/FNS Specialist: _		Date _	/Ph	none:			
						06	b
E-Mail Address:					RMEDICAL COMMODITY DISTRIBUTION	ASSOCIATION ASSOCIATION	<i>y</i>

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