



NUTRITION ASSISTANCE PROGRAM
 DEPARTMENT OF COMMUNITY AND CULTURAL AFFAIRS
 COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
 P.O. BOX 501488, SAIPAN, MP 96950
 TEL. NO. (670) 237-2800 EXT. 115, 116, 117
 FACSIMILE NO. (670) 664-2850



LOCAL BAKERY PRODUCTS MONTHLY SURVEY REPORT

FIRM OR BUSINESS _____
 FS. NO.: _____
 REPORT MONTH: _____

OFFICIAL USE ONLY
 RETAIL & REDEMPTION UNIT

ITEM DESCRIPTION	UNIT QUANTITY	UNIT PRICE	AMOUNT	ITEM DESCRIPTION	UNIT QUANTITY	UNIT PRICE	AMOUNT
1. _____	_____	_____	_____	38. _____	_____	_____	_____
2. _____	_____	_____	_____	39. _____	_____	_____	_____
3. _____	_____	_____	_____	40. _____	_____	_____	_____
4. _____	_____	_____	_____	41. _____	_____	_____	_____
5. _____	_____	_____	_____	42. _____	_____	_____	_____
6. _____	_____	_____	_____	43. _____	_____	_____	_____
7. _____	_____	_____	_____	44. _____	_____	_____	_____
8. _____	_____	_____	_____	45. _____	_____	_____	_____
9. _____	_____	_____	_____	46. _____	_____	_____	_____
10. _____	_____	_____	_____	47. _____	_____	_____	_____
11. _____	_____	_____	_____	48. _____	_____	_____	_____
12. _____	_____	_____	_____	49. _____	_____	_____	_____
13. _____	_____	_____	_____	50. _____	_____	_____	_____
14. _____	_____	_____	_____	51. _____	_____	_____	_____
15. _____	_____	_____	_____	52. _____	_____	_____	_____
16. _____	_____	_____	_____	53. _____	_____	_____	_____
17. _____	_____	_____	_____	54. _____	_____	_____	_____
18. _____	_____	_____	_____	55. _____	_____	_____	_____
19. _____	_____	_____	_____	56. _____	_____	_____	_____
20. _____	_____	_____	_____	57. _____	_____	_____	_____
21. _____	_____	_____	_____	58. _____	_____	_____	_____
22. _____	_____	_____	_____	59. _____	_____	_____	_____
23. _____	_____	_____	_____	60. _____	_____	_____	_____
24. _____	_____	_____	_____	61. _____	_____	_____	_____
25. _____	_____	_____	_____	62. _____	_____	_____	_____
26. _____	_____	_____	_____	63. _____	_____	_____	_____
27. _____	_____	_____	_____	64. _____	_____	_____	_____
28. _____	_____	_____	_____	65. _____	_____	_____	_____
29. _____	_____	_____	_____	66. _____	_____	_____	_____
30. _____	_____	_____	_____	67. _____	_____	_____	_____
31. _____	_____	_____	_____	68. _____	_____	_____	_____
32. _____	_____	_____	_____	69. _____	_____	_____	_____
33. _____	_____	_____	_____	70. _____	_____	_____	_____
34. _____	_____	_____	_____	71. _____	_____	_____	_____
35. _____	_____	_____	_____				
36. _____	_____	_____	_____				
37. _____	_____	_____	_____				
				TOTAL: \$ _____			

 Name, Title & Signature of Retailer / Representative _____
 Date

 Reviewed by RRU Staff (Signature / Initial) _____
 Date

REMINDER: This report must be submitted to the NAP Office no later than the 15th day of each month following the report month.