



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 FISH MONTHLY SURVEY REPORT

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

OFFICIAL USE ONLY
RETAIL & REDEMPTION UNIT

	<u>ITEM DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>TOTAL LBS.</u>	<u>TOTAL AMT.</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____
19.	_____	_____	_____	_____
20.	_____	_____	_____	_____
21.	_____	_____	_____	_____
22.	_____	_____	_____	_____
23.	_____	_____	_____	_____
24.	_____	_____	_____	_____
25.	_____	_____	_____	_____
26.	_____	_____	_____	_____
27.	_____	_____	_____	_____
28.	_____	_____	_____	_____
29.	_____	_____	_____	_____
30.	_____	_____	_____	_____
31.	_____	_____	_____	_____
32.	_____	_____	_____	_____
33.	_____	_____	_____	_____
34.	_____	_____	_____	_____
35.	_____	_____	_____	_____
36.	_____	_____	_____	_____
37.	_____	_____	_____	_____
38.	_____	_____	_____	_____
39.	_____	_____	_____	_____
40.	_____	_____	_____	_____

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.