



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 PRODUCE, WATER & POULTRY 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
A. VEGETABLES							
1. _____	_____	_____	_____	6. _____	_____	_____	_____
2. _____	_____	_____	_____	7. _____	_____	_____	_____
3. _____	_____	_____	_____	8. _____	_____	_____	_____
4. _____	_____	_____	_____	9. _____	_____	_____	_____
5. _____	_____	_____	_____	C. FRUITS			
6. _____	_____	_____	_____	1. _____	_____	_____	_____
7. _____	_____	_____	_____	2. _____	_____	_____	_____
8. _____	_____	_____	_____	3. _____	_____	_____	_____
9. _____	_____	_____	_____	4. _____	_____	_____	_____
10. _____	_____	_____	_____	5. _____	_____	_____	_____
11. _____	_____	_____	_____	6. _____	_____	_____	_____
12. _____	_____	_____	_____	7. _____	_____	_____	_____
13. _____	_____	_____	_____	8. _____	_____	_____	_____
14. _____	_____	_____	_____	9. _____	_____	_____	_____
15. _____	_____	_____	_____	10. _____	_____	_____	_____
16. _____	_____	_____	_____	11. _____	_____	_____	_____
17. _____	_____	_____	_____	12. _____	_____	_____	_____
18. _____	_____	_____	_____	13. _____	_____	_____	_____
19. _____	_____	_____	_____	14. _____	_____	_____	_____
20. _____	_____	_____	_____	15. _____	_____	_____	_____
21. _____	_____	_____	_____	D. PROCESSED, PRODUCE, MANUFACTURED WATER, POULTRY, ETC			
22. _____	_____	_____	_____	1. _____	_____	_____	_____
23. _____	_____	_____	_____	2. _____	_____	_____	_____
24. _____	_____	_____	_____	3. _____	_____	_____	_____
25. _____	_____	_____	_____	4. _____	_____	_____	_____
26. _____	_____	_____	_____	5. _____	_____	_____	_____
27. _____	_____	_____	_____	6. _____	_____	_____	_____
28. _____	_____	_____	_____	7. _____	_____	_____	_____
29. _____	_____	_____	_____	8. _____	_____	_____	_____
30. _____	_____	_____	_____	9. _____	_____	_____	_____
B. STAPLE CROPS				10. _____	_____	_____	_____
1. _____	_____	_____	_____	11. _____	_____	_____	_____
2. _____	_____	_____	_____	12. _____	_____	_____	_____
3. _____	_____	_____	_____				
4. _____	_____	_____	_____				
5. _____	_____	_____	_____				

TOTAL: \$ _____

 Name, Title & Signature of Retailer / Representative

 Reviewed by RRU Staff (Signature / Initial)

 Date

 Date

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