

[Add Retailer Logo here]



Surplus Food Project Recording of Weights of Food Collected

Please forward the completed sheet weekly to:

Store Manager:	Insert Name*	E-mail Address:	add e-mail address
WRAP:	Insert Name	E-mail Address	add e-mail address

Your Contact Details

Charity Name:	Insert Name	Totals for Week Commencing :	DD/MM/YYYY
Prepared by:	Insert Name	Contact No.:	
Comments:			

Please record the total amount of food collected on each day.

Day of Week	No. of Bags/ Crates collected	Weight of food collected (in kgs)**
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Total Weight for the Week		kgs

** Food to be weighed in the bags/ crates as collected from the store.

Thank you.

Your assistance is appreciated as the information will be used to monitor the benefits of the project for both the retailer and your charity.

* Replace with names of charities and Retailer as appropriate
Recording of Weights

