FOOD DISTRIBUTION PROGRAM
SAMPLE WORKSHEET FOR MANUALLY CALCULATING AN OVERISSUANCE CLAIM

Date: _____

Head of Household: _____

Address: _____

_____

Casefile Number (if appropriate): _____

Claim Period: _____

	A	B	C	D
USDA Food	**Total Units Overissued During Claim Period**	**Estimated Cost per Pound**	**Pound Conversion Factor**	**Value of Overissuances (A x B x C)**