

INSTRUCTIONS

**Nutrition & Health Department
PETTY CASH REIMBURSEMENT**

Total # of Groups: _____

Staff Name: _____ Total # of Participants: _____

Name of Organization/School: _____ **(No Acronyms)**

Date(s): _____ Address: _____ **(Full Street Address w/City, State, Zip)**

Recipe Name: _____

Lesson/Purpose: _____ **(Allowable?)**

EFNEP ESNY CHANCE Other: _____

3097614-00005-6540 3098648-00005-6540 3097624-00005-6540

Receipt check:

(Please attach to form with tape)

1. Date Showing (Do Not Tape Over Important Info)
2. Store Name & Address
3. Itemized Receipt, or items written next to price
4. No Tax

***If items are unallowable – ex: balloons, sugar**

Include explanation of how items were relevant to lesson.

Total without Tax: \$ _____ **Reimbursement received- Initial/Date:** _____

Supervisor Signature: _____ **Date:** ____/____/____

Program Leader Signature: _____ **Date:** ____/____/____