

INSTRUCTIONS

**Nutrition & Health Program
FOOD/SUPPLIES REIMBURSEMENT REQUEST**

Total # of Groups: _____

Staff Name: _____ Total # of Participants: **Enter #** _____

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

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

Recipe Name: _____

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

EFNEP

3097617-00005-6540

Other: _____

Receipt check:

(Please attach to form with tape on TOP and BOTTOM)

DO NOT TAPE OVER or FOLD OVER:

1. Receipt Date
2. Store Name & Address

- Itemize Receipt, or items written next to price with a line leading to the item on receipt.
- DO NOT include Tax
- DO NOT write directly on ANY part of the receipt!

***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: ____/____/____