

**Farmers' Market Nutrition Program (FMNP)  
Claim for Reimbursement**

**PLACE AN "X" IN THIS BOX IF THIS CLAIM ADJUSTS A PREVIOUSLY PROCESSED CLAIM**

Name of Contracting Entity	CE ID	Month / Year Claimed
Address (Street, City, State, ZIP)		
Telephone No.	E-mail address	

**Claim Information**

1.	Total number of sub-agencies reporting this claim period (if applicable):	
2.	Total number of farmers' markets reporting this claim period:	
3.	Total number of farmers redeeming claims represented this claim period:	
4.	Total number of vouchers distributed to participants this claim period:	
5.	Total number of vouchers disallowed this claim period. (Includes: unsigned vouchers, undated vouchers, vouchers not dated for current year, vouchers without the farmer's ID number.)	
6.	Total number of vouchers redeemed by farmers:	
7.	Total Administrative Expenses based on number of vouchers redeemed this claim period (# vouchers redeemed x \$0.90):	\$
8.	Total dollar amount of vouchers redeemed [total number of vouchers redeemed during this claim period x \$6.00 (value of individual voucher)]:	\$
9.	Total Voucher Reimbursable Expenses (add \$ amounts of items 7 and 8)	\$
	Approved Reimbursement Amount:	\$

**Claim Information – Administrative Expenses (Costs of Certifying/Verifying Applicants and Distributing Vouchers)**

10.	Staff (Management, volunteers, monitors & clerical):	\$
11.	Facilities:	\$
12.	Equipment:	\$
13.	Program Outreach:	\$
14.	Nutrition Education:	\$
15.	Transportation – Rate per mile:	\$
16.	Other (specify):	\$
17.	Other (specify):	\$
18.	Total Cost for Administrative Expenses:	\$
	Approved Reimbursement Amount:	\$

I certify, to the best of my knowledge, that this claim is true and correct in all respects; that records are available to support this claim, that it is in accordance with the terms of the Farmers' Market Nutrition Program Agreement and that payment has not been received. I unconditionally guarantee and agree to pay TDA all debt arising out of the above-named Contracting Entity's participation in the FMNP, including, without limitation, sums due TDA arising out of audit or review deficiencies, disallowance of costs, fraud, payments in excess of the proper claim amount(s), and/or overpayments. I also understand that I may be prosecuted under applicable state and federal laws for deliberately misrepresenting or withholding information.

Name of Contracting Entity Official:	Title of Contracting Entity Official:
Signature of Contracting Entity Official:	Date: