

**Senior Farmers' Market Nutrition Program (SFMNP)  
Claim for Reimbursement  
Vouchers and Administrative Expenses**

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

Name of Contracting Entity		CE ID	Month and Year of Claim
Address (Street, City, State, ZIP)			Telephone No.
Period of Claim:	mm/dd/year – mm/dd/year	E-mail address	Fax No.

Complete this section to claim voucher reimbursement.

SUMMARY INFORMATION FOR VOUCHERS		Totals
1.	Total number of sub-agencies reporting this claim period	
2.	Total number of farmers' markets reporting this claim period	
3.	Total number of farmers redeeming vouchers this claim period	
4.	Total number of vouchers distributed to participants this claim period	
5.	Total number of vouchers redeemed by farmers	
6.	Total dollar amount of vouchers redeemed [total number of vouchers redeemed during this claim period x \$4 (value of individual voucher)]	\$
7.	Number of participants receiving bulk purchased foods (bulk purchase distribution must equal \$20 in value per recipient) this claim period.	
8.	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.)	

Complete this section to claim allowable administrative expenses. Payment is subject to the availability of funds appropriated for the purpose of reimbursement of these expenses.

REIMBURSABLE COSTS		
Costs of Certifying/Verifying Applicants and Distributing Vouchers		
1	Staff (Management, monitors & clerical)	\$
2	Facilities	\$
3	Equipment	\$
4	Program Outreach	\$
5	Nutrition Education	\$
6	Transportation – Rate per mile	\$
7	Other (specify)	\$
8	Other (specify)	\$
9	<b>Total Cost for Administrative Expenses</b>	\$

I certify that to the best of my knowledge, this claim is true and correct in all respects, records are available to support the claim, the claim is in accordance with the existing agreement and that payment has not been received. I know that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

<b>Name of Contracting Entity Official:</b>	<b>Title of Contracting Entity Official:</b>
<b>Signature of Contracting Entity Official:</b>	<b>Date:</b>