

County Name: _____

County Faculty Name: _____

If requesting reimbursement for out of pocket expenses,
please list name of person to be reimbursed:

Food/Items on this receipt were used for a ___FNP or ___ EFNEP demonstration, etc.

STATE OFFICE USE ONLY

Dept ID: _____

Voucher #: _____

Please answer this question on the back of this sheet or attach a separate sheet:
How does the purchase of these items contribute to the objectives of this lesson for nutrition for low-income audiences?
Please include as much relevant information as possible, such as number of participants reached, lesson title and objective, and recipe title.