## **Farmers' Voucher Redemption List**

For Farmers' Market Associations

Check the box of the Program for which you are submitting vouchers	Senior Farmers' Market Nutrition Program* (SFMNP)	Farmers' Market Nutrition Program** (FMNP)	
Date:			
Farmers' Market			
Association:			
Address:			
0'' 0' 7'			
City, State, Zip:			
Farmers' Market ID Number:			
Contact Person:			
Phone Number:			
E-mail address:			
		T	
Farmer's Vendor Number	Farmer's Name	Number of Vouchers	Dollar Amount
Total No. of Farmers:		Total No. of Vouchers:	Total \$ Amount:

**Instructions:** Please submit vouchers and this redemption list form monthly to your contracting entity.

<sup>\*</sup>SFMNP vouchers are worth \$4.00 each. Multiply the number of vouchers by 4 to calculate the dollar amount.

<sup>\*\*</sup>FMNP vouchers are worth \$6.00 each. Multiply the number of vouchers by 6 to calculate the dollar amount.