

2020 -2021 HPNAP Local Produce Award Reimbursement Request

Agency Number: _____ Date _____

Instructions: Please use this form to submit your request for reimbursement of the 2020 – 2021 Local Produce Award. Please complete each section of this sheet. Reimbursement Request must include this completed form listing each purchase, include a receipt and a copy of the proof of payment (cancelled check or CC statement). Each request may take up to 30 days to process. Incomplete Reimbursement Requests or requests received after 12/31/20 will not be funded. Reimbursement will be mailed to the statement address on file at the time of disbursement.

Date of Purchase	\$ Amount	Vendor Name	Produce Pounds	Proof of Payment Included Y/N
Total Request			Total Pounds	

By signing below, you agree that the documents submitted are correct to the best of your knowledge.

X

Program Coordinator

<p>FOR OFFICE USE ONLY</p> <p>Amount Requested: \$ _____</p> <p>Amount Documented: \$ _____</p> <p>Check Request Date: _____</p> <p>LPA Balance: _____</p>
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