

University of Kentucky EFNEP Food Demonstration Receipt Form

COOPERATIVE
EXTENSION
SERVICE



Date: _____

From: _____

County: _____

Please send to:

RITA MAY

UK EFNEP Program

One Quality Street #653

Lexington, KY 40507

Phone: 859-257-2948

Agent Approval: _____

Vendor (Store)	Reimbursement Amount	Program Title	Number of Participants	Name of Recipe
Example: Kroger	\$8.42	Eating More Fruits	12	Strawberry Smoothie

Print the completed form and attach the original receipt(s) for food and paper supplies used for demonstration purposes as part of the UK EFNEP Program.

Please DO NOT use highlighters on the receipts.