University of Kentucky **EFNEP** Food Demonstration Receipt Form

Date: __________________________

Please send to:  
RITA MAY  
UK EFNEP Program  
One Quality Street #653  
Lexington, KY 40507  
Phone: 859-257-2948

From: _________________________  
UK EFNEP Program  
One Quality Street #653  
Lexington, KY 40507  
Phone: 859-257-2948

County: _________________________

Agent Approval: ____________________________________________

---

<table>
<thead>
<tr>
<th>Vendor (Store)</th>
<th>Reimbursement Amount</th>
<th>Program Title</th>
<th>Number of Participants</th>
<th>Name of Recipe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Kroger</td>
<td>$8.42</td>
<td>Eating More Fruits</td>
<td>12</td>
<td>Strawberry Smoothie</td>
</tr>
</tbody>
</table>

---

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.*

Revised Feb 2013