

University of Kentucky SNAP-Ed Food Demonstration Receipt Form



Date: _____
 Name: _____
 County: _____

Please remit to:
Rita May
 SNAP-Ed Program
 One Quality Street, Suite 653
 Lexington, KY 40507
 Phone: 859-257-2948

Please check one:
 County Allotment
 SNAP-Ed Assistant Allotment

Reimbursement Rates Up To:
 \$2.00 per Adult
 \$2.00 per Youth

Receipt #	Vendor (Store)	Reimbursement Amount	Program Title	Name of Recipe	Number of Participants Adults/Youth
	Example: Kroger	\$8.42	Eating More Fruits	Strawberry Smoothie	10A/8Y
Receipt #1					
Receipt #2					
Receipt #3					
Receipt #4					
Receipt #5					
Receipt #6					
Receipt #7					
Receipt #8					

Print form and attach the original receipt(s) for food and paper supplies used for demonstration purposes as part of the UK SNAP-Ed Program.
 Write receipt# (from 1st column on the left side of this page) on the top of the original grocery receipt.
Please **DO NOT** use highlighters on the receipts.