



California Department of Food and Agriculture
Senior Farmers' Market Nutrition Program Receipt

2012 Receipt of SFMNP Check Booklets

RECEIPT LOG:

The Area Agency on Aging (AAA) PSA _____ has received a total of _____ SFMNP check booklets.

SEQUENCE:

The first check booklet sequence number is _____

The last check booklet number is _____

REDEMPTION VALUE:

The total redemption value of all the check booklets is \$ _____

The AAA must control the receipt and security of the SFMNP check booklets at all times.

SIGNATURE:

AAA SFMNP Coordinator Signature

Printed Name

Date (Month, Day, and Year)

AAA SFMNP STAFF:

(Please list all participating AAA SFMNP staff)

1. _____

2. _____

3. _____

4. _____

CDFA Coordinator Signature: _____

Contact Information:

(Please give the primary AAA SFMNP contact information)

Street Address: _____

City: _____ State: CA Zip Code: _____

Phone Number: _____ E-Mail: _____

**PLEASE REMIT WITHIN FIFTEEN (15) DAYS OF RECEIPT TO:
CDFA, FFMO, Attention: SFMNP, 1220 N Street, Room 120, Sacramento, CA 95814**