



ANDREW M. CUOMO
Governor

RICHARD A. BALL
Commissioner

NYS Farmers' Market Nutrition Programs (FMNP)

RECEIPT

I (print your name) _____ on behalf
of **«Site»** acknowledge the receipt of **«M BOOKLETS»** NYS Farmers' Market Nutrition Programs
booklets or **«M Packs»** plastic wrapped packs.

The serial number range of these checks is: **«First Check First Book»** to
«Last Check Last Book»

Note: Your NYS FMNP Agency Site ID is **«SITEID»**.

Signature

Date

Instructions: Upon receipt of your package(s) containing the NYS Farmers' Market Nutrition Programs booklets, please do an inventory, complete this receipt, and immediately return a copy of this receipt **by email** to the New York State Department of Agriculture and Markets.

Contact info:

NYS Farmers' Market Nutrition Programs
NYS Department of Agriculture & Markets
EMAIL: farmersmarkets@agriculture.ny.gov