



KATHY HOCHUL
Governor

RICHARD A. BALL
Commissioner

NYS Farmers' Market Nutrition Programs (FMNP)

RECEIPT

I (print your name) _____ on

behalf of **«AAA Name»** acknowledge the receipt of **«M Booklet»** NYS Farmers' Market Nutrition Programs booklets or **«Packs»** plastic wrapped packs.

The serial number range of these coupons is: **«First SN»** to **«Last SN»**

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

Signature

Date

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

Contact info:

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