NEW YORK STATE | Department of Agriculture and Markets

NYS Farmers' Market Nutrition Programs (FMNP)

RECEIPT

I (print your name) _____ on behalf of **«AAA_Name»** at **«Site_ID»**, acknowledge the receipt of the coupon booklets with the serial range identified below on behalf of the Farmers' Market Nutrition Programs for this year. I acknowledge that coupons have been reviewed and inventoried and the coupon information provided is accurate and complete.

Enclosed are:

Coupon Booklets:	**«BOOKLETS»**, contained in «**PACKS»** plastic wrapped packs.
Serial number range:	**«First_SN»** to **«Last_SN».**
Mailed to**:**	**«ADDRESS».**

_____ _____

Signature Date

Instructions: Upon receipt of your package(s) containing the FMNP coupon booklets, please do an inventory and make sure coupon serial range listed on receipt match coupons in the box. Modify this receipt with any identified errors, sign and immediately return a copy of this receipt by email to the contact listed below.

Contact info:

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

Date Issued: 4/25/2025