

Food Bank Account / HPNAP ID No. _____ Date: _____

Instructions: Please use this form to document expenditures of the 2022-2023 Period 5 HPNAP Local Produce Award. Incomplete submissions will be declined and returned for completion. Failure to completely (fully) document your Local Produce Award may impact the disbursement of future funds or other Food Bank support.

Local Produce Award Documentation *(use this form for documentation of the Local Produce Award only)*

Date of Expense or Purchase	Purchase or Expense Amount	Vendor	Receipt or Invoice (Required)	Proof of Payment Included (Required)	Pounds Purchased (Required)
Total Grant Claim Submitted					

By signing below, you agree that the documents submitted are correct to the best of your knowledge.

X _____
(Signature)

<p>FOR OFFICE USE ONLY</p> <p>Completed Submission: <input type="checkbox"/></p> <p>Amount Verified: _____</p> <p>Documentation Complete for this Grant: <input type="checkbox"/></p> <p>Initials: _____</p>
