

University of Kentucky SNAP-Ed Food Demonstration Receipt Form



Please select one:

___ Assistant Allotment

___ County Allotment

Date: _____

Name: _____

County: _____

**Receipt due date
TWO OPTIONS:**

1) Postmark immediately after purchase, **OR**

2) Postmark receipts dated 1st – 15th by the 15th, **AND** postmark receipts dated 16th – 31st by the 5th of the following month

Remit to:

UK Nutrition Education Program
1500 Bull Lea Rd. Suite 130
Lexington, KY 40511
Phone: 859-257-2948

***Reimbursement Rate Up To:
\$2.25 per participant***

Receipt Date	Vendor (Store)	Reimbursement Amount	Program Title	Name of Recipe	Number of Participants
10/10/19	Kroger	\$8.42	Eating More Fruits	Strawberry Smoothie	18

Print form and attach the original receipt(s) for food, supplies, and small equipment used for demonstration purposes as part of the UK SNAP-Ed Program. Please order receipt information chronologically, and **DO NOT** use highlighters on the receipts. Sales tax that is incurred will be deducted from reimbursement total upon processing.