2023 SNAP-Ed Farmers Market Food Access Support

INVOICE

Date:

# Payable to

Farmers Market Organization:

Payee:

Mailing Address:

City, State Zip:

Contact Name:

Phone:

Email:

Please list your Farmers Market(s) that are accepting FMNP and/or SNAP in 2023:

# Bill to

Washington State Farmers Market Association

Re: SNAP-Ed Farmers Market Statewide Initiative

93 Pike St Suite 316, Seattle WA 98101

(206) 706-5198

info@wafarmersmarkets.org

# Food Access Expenses

| Date of Expense | Merchant or Market Staff Name | Description of Expense and How used for Food Access Program | Total Hours or % FTE | Amount ($) |
| --- | --- | --- | --- | --- |
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| Total |  |

# Attestations

[ **Initials** ] I attest that each expense was used towards promoting the FMNP, SNAP and SNAP Market Match programs at the [**Name of Farmers Market (s)**] and not used for general farmers market operations.

[ **Initials** ] After personal review and using a suitable means of verification for the total effort expended, I certify that the time and effort described here for [**Staff Names Listed**] is accurate to the best of my knowledge.

[ **Initials** ] I agree to ensure that the [**Name of Farmers Market Organization**] will retain back up documentation for 3-years or until September 30, 2026. This documentation will be provided upon request in the case of an audit from the USDA.

[ **Initials**] I confirm that I am currently an authorized representative of the [**Name of Farmers Market Organization**].

# Signature

|  |
| --- |
| **Full Name:**  |
| **Date**: |
| X*Sign Here* |

*Please email your completed invoice and current* [*W-9*](https://www.irs.gov/pub/irs-pdf/fw9.pdf) *for the Farmers Market Organization to* *info@wafarmersmarkets.org* *no later than Sept. 15, 2023.*

# **Thank you** for all your hard work to make food access programs available at your farmers market!