

State Food Purchase Program Recipient Signature Form

This form must be submitted to your contracted EFO by the 7th of each month following your agency's distribution of SFPP foods. Failure to submit this report may jeopardize your next food allocation.

With my signature I acknowledge that I have received food purchased through the New Jersey State Food Purchase Program

Agency _____ **Month/year** _____

Date	PRINTED NAME	No. of Adults	No. of Children	CITY	ZIP	COUNTY	SIGNATURE
Total # of Adults and Children							Total # of Signatures:

SFPP Foods: Shall not be sold, exchanged or otherwise disposed of without the approval of the New Jersey Department of Agriculture.