

SFPP 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: _____

AGENCY ID#: _____ MONTH/YEAR: _____

DATE	PRINTED NAME	# OF ADULTS	# OF CHILDREN	CITY	ZIP CODE	COUNTY	SIGNATURE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
TOTAL # OF ADULTS & CHILDREN				TOTAL # OF SIGNATURES			