

Kentucky Double Dollars Reporting Tracker

Month	
Year	
Prepared By	
Submitted On	
Total Request Amount (Total Redeemed x .75)	
Check Received	

	Distributed*	Redeemed**
SNAP FV		
SNAP MED		
Senior FMNP		
WIC FMNP		
Totals		

*From Customer Transaction Tracking Sheets
 **From Farmer Payout Sheets

Other Data

Total # of SNAP Transactions	
Total Amount of SNAP Transactions	
Total # of SNAP tokens redeemed	
Total Gross Sales	

Collect any quotes or feedback about the program for end of year report here:

KDD SENIOR FMNP TRACKER

*AWARD NO MORE THAN \$20 PER MARKET FOR MAXIMUM OF \$50 PER PARTICIPANT.

Last Name	First Name	Last Four Digits of Card #	Date/Amt	Date/Amt	Date/Amt	Date/Amt	Date/Amt	Vouchers Disbursed
Doe	Jane	9999	6/2	6/9				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			\$10	\$10				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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WIC FMNP TRACKER

***AWARD NO MORE THAN \$15 PER MARKET FOR MAXIMUM OF \$30 PER PARTICIPANT.**

Last Name	First Name	HOUSEHOLD MEMBER	Last Four Digits of Card #	Date/Amt	Date/Amt	Date/Amt	Vouchers Disbursed
Doe	Jane	1	9999	6/2	6/9		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
				\$10	\$10		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Doe	Jane	2	9999	6/2	6/9		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
				\$10	\$10		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
							<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Vendor Reimbursement Request Form

Vendor Name: _____

Market Date: _____

I have accepted the following incentives and tokens as payment for my products at the market and request reimbursement for them:

- Credit/Debit tokens: \$ _____
- Senior FMNP KDD Vouchers: \$ _____
- WIC FMNP KDD Vouchers: \$ _____
- SNAP Fruit & Veggie tokens (green): \$ _____
- SNAP MED tokens (purple): \$ _____
- SNAP wooden tokens: \$ _____
- _____: \$ _____

My total reimbursement request is: \$ _____

Vendor signature: _____

Vendor Reimbursement Request Form

Vendor Name: _____

Market Date: _____

I have accepted the following incentives and tokens as payment for my products at the market and request reimbursement for them:

- Credit/Debit tokens: \$ _____
- Senior FMNP KDD Vouchers: \$ _____
- WIC FMNP KDD Vouchers: \$ _____
- SNAP Fruit & Veggie tokens (green): \$ _____
- SNAP MED tokens (purple): \$ _____
- SNAP wooden tokens: \$ _____
- _____: \$ _____

My total reimbursement request is: \$ _____

Vendor signature: _____

Office use only:
 Check #: _____ Amount: _____ Date: _____

Office use only:
 Check #: _____ Amount: _____ Date: _____

Date	Farm Name	EBT	SNAP FV	SNAP MED	WIC	SENIOR	Total Paid	Paid By	Payment Method/Check Number