Rev 1/2020

NEW YORK STATE OF OPPORTUNITY. Agriculture and Markets

Farmers' Market Nutrition Program (FMNP)

PURCHASE LOG (FMC-9)

Clear All

Name of Supplier	Type*	**Instuctions:** In the left hand columns put the name(s) of your supplier(s) of fresh fruits and vegetables, and specify their type, using the codes outlined below. In the column headings write the dates of your weekly markets (e.g. under 'Week 1', write June 1). You only need to provide information for the FMNP season (June 1 - November 30). Place an "X" in the box below the week when produce is purchased from a particular supplier, and indicate the volume of produce purchased, using the volume column. If the market changes hours, location and/or closes early, please update us immediately by email or phone.														
		Market Dates June - November														
		Week 1	**Volume** lbs or $$	**Week 2**	**Volume**	**Week 3**	**Volume**	**Week 4**	**Volume**	**Week 5**	**Volume**	**Week 6**	**Volume**	**Week 7**	**Volume**	Total volume
(John Smith Farm)	(F)	(X)	(45lbs)	(X)	(60 lbs)											105lbs

***Type Codes:** **F**=Farmer/Grower, **D**=Distributor/Dealer, **H**=Produce Food Hub, **A**=Produce Auction, **O**=Other

Signature. I certify product was purchased from the above supplier(s) for the days indicated above.

Signature (FMNP Market Representative)

Date

Market Name and FMNP Market ID#

Market County

This institution is an equal opportunity provider.

Submit monthly to:

Mail: NYS Department of Agriculture and Markets
Farmers' Market Nutrition Program
10B Airline Drive Albany NY 12235

Fax: (518) 457-8398

Email: farmersmarkets@agriculture.ny.gov

Phone: 518-457-7076x1