



**NEW YORK STATE DEPARTMENT OF AGRICULTURE AND MARKETS
New York Food for New York Families Program**

DISTRIBUTOR PRODUCT VERIFICATION REPORT

Distributor Name: _____ Date: _____

NYS Farm Product Dealer License/Milk Producer Security Fund License #: _____

Entity Purchasing NYS Product: _____

For this purchase indicate the following numbers as it pertains to the NYFF program:

Total Product Cost: _____ Handling/Delivery Fees: _____

Anticipated Delivery Date: _____ Total Order Cost: _____

NYS Producer Table. Fill in the following table for each item purchased under the New York Food for New York Families program. Please list each farm product and each business separately.

County	Supplier	NYS Product	Qty	Unit	Total Cost
<i>Ex: Ulster</i>	<i>Red Dog Farm</i>	<i>Broccoli</i>	<i>10</i>	<i>Lbs.</i>	<i>\$9.95</i>
<i>Ex: Ulster</i>	<i>Red Dog Farm</i>	<i>Apples</i>	<i>4</i>	<i>Bu.</i>	<i>\$118.00</i>

Please complete and return this document to the purchaser prior to finalizing a New York Food for New York Families transaction. Failure to appropriately document suppliers could result in non-payment of an invoice. Please direct any questions to your Coordinator at the NYS Department of Agriculture and Markets.