

**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                     |
|---------------------------------------|--------------|---------------|-----------------|------|-----|--------|-------------------------------|
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| <b>Total # of Adults and Children</b> |              |               |                 |      |     |        | <b>Total # of Signatures:</b> |

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