



2016 Senior Farmers' Market Coupon Reimbursement Form

Senior Farmer Market Nutrition Program ends October 31, 2016.
ALL coupons MUST be delivered or received by mail for reimbursement by November 30, 2016.

Farmer: Please hand-deliver or mail this completed form and your SFMNP coupons to the address below.
Farmer Market Representative: Please complete a separate request form for each farmer. Attach all coupons from that farmer to his/her request form.

TIPS: Do not wait until the end of the season for coupon reimbursement and be sure to make a copy of your reimbursement form and coupons before giving it to the agency.

Farm Name: _____ Farm Number: _____

Address: _____ City: _____ Zip: _____

Contact Phone Number: _____

Number of coupons enclosed: _____ X \$5.00 = Amount Requested \$ _____

Signature: _____ Date: _____

Printed Name: _____

Coupons should be **received** by the agency by **the 10th and 25th of each month, July – November 2016**. Checks are **available** the 15th and 30th of each month. Please **call before you come** so someone is available to give you your check. If you would like your check mailed to you, please provide the agency with a STAMPED SELF ADDRESSED envelope.

Mail this form, ORIGINAL coupons and self-addressed stamped envelope to:

North Star Council on Aging
1424 Moore Street
Fairbanks, AK 99701
Phone: 907.452.1736
Fax: 907.451.9974

North Star Council on Aging Use Only:

Verified by: _____ Date: _____
Senior Farmers' Market Project Representative

Check Number: _____

Notes _____
