State of Alaska
Department of Health & Social Services

Agency Confirmation of Coupon Disposition

2015 Senior and Farmers' Market Nutrition Program (S/FMNP) Coupons

Agency:

Beginning Coupon Number	Ending Coupon Number
_____	_____
_____	_____
_____	_____

Disposition Report

I certify the SFMNP or FMNP coupons listed above have been destroyed except as noted:

_____

_____

Verifier 1:

Printed Name: _____

Signature: _____

Date: _____

Verifier 2:

Printed Name: _____

Signature: _____

Date: _____

Please return completed form to the FMNP/SFMNP Coordinator at:

AK Department of Health & Social Services
Family Nutrition– WIC Program
PO Box 110612
Juneau, Alaska 99811-0612

Revised 5/7/14