

**Farmers' Market Nutrition Program
Vendor Integrity Evaluation Report
(Compliance Buys)**

Date: _____ Time In: _____ Time Out: _____

Farmers' Market: _____

Address: _____

Vendor Name: _____

The following vouchers were issued for this review:

Voucher Numbers	Amount of Voucher

Summary of Purchases

Eligible Items (See list of allowable items)

Item	Quantity	Price	Buy Completed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Ineligible Items (See list of disallowed items)

Item	Quantity	Price	Buy Completed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Items Refused by Buyer

Item	Quantity	Price	Reason Item Refused*

*Examples: too ripe; too green; damaged; quantity / quality offered was not equal to the value non-FMNP customers received.

Total voucher amount spent: _____

I certify the above information is true and correct to the best of my knowledge.

Reviewer Name (please print)

Date

Signature of Reviewer