***SAMPLE FOOD VOUCHER***

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# LRO’s Name and Address

 , , please allow

***(Store Name) (Address)***

 to purchase up to $ of food items only.

***(Client’s/Purchaser’s Name) (Dollar Amount)***

The will reimburse you upon receipt of a voucher signed by

***(LRO’s name)***

client/purchaser and store representative with an itemized register tape attached.

**No alcohol. No lottery tickets. No cigarettes.**

**No non-food items (except diapers and feminine hygiene items, if marked below). No cash back.**

**Diapers: YES**

**Feminine Hygiene Items: YES**

**NO NO**

$

***(Actual Amount Purchased)***

***(Signature, Purchaser/Client) (Date - month/day/year)***

***(Signature, Store Representative) (Date - month/day/year)***

***(Signature, LRO Representative) (Date - month/day/year)***

**Note:** When submitting documentation to UWNNS, if the voucher is filled out completely and all 3 signatures are present and dated, an itemized food receipt is not required. If not filled out completely or all **3** signatures are not present, then the itemized food receipts must be included with the voucher.)