NEW YORK STATE OF OPPORTUNITY. Agriculture and Markets

Farmers Market Nutrition Program (FMNP)

Purchase Log (FMC-9)

Farm Name or Farmer Name	FMNP Farmer ID	Market Dates																	
		Instuctions: In the column headings below (e.g. day 1), put the dates you purchase product from your farmers (e.g. 5/31). Place an "X" in the box below the date coulmn indicating you purchased from a particular farmer that day. Make copies of this form as needed for your market records.																	
		Day 1 (e.g. 5/31)	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18
(e.g. John Smith)	(e.g. 0001)	X																	

Market Signature: I certify that I purchased local produce from the above farmers on the days indicated.

_____ Market Name and FMNP Market ID#

_____ Signature of Market Manager/Sponsor

_____ Date

Form Instructions: Submit monthly. Return form to: NYS Department of Agriculture and Markets, 10B Airline Drive, Albany NY 12235 Attention: FMNP or by email: farmersmarkets@agriculture.ny.gov. Retain copies in your market records for three years.

This institution is an equal opportunity provider.