



Farmers Market Nutrition Program (FMNP)

PURCHASE LOG (FMC-9)

Name of Supplier	Type*	Instructions: In the left hand columns put the name(s) of your supplier(s) of fresh fruits and vegetables, and specify their type, as it relates to your relationship with them regarding the purchase of produce, using the codes outlined below. In the column headings for market dates (e.g. Week 1), write the dates of your weekly markets that occur during the FMNP season (June 1 - November 30). Place an "X" in the box below a weekly market when produce is purchased from a particular supplier. If the market changes hours of operation, location and/or closes early, please update us immediately. Submit logs monthly.														
		Market Dates														
		Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15
(e.g. John Smith Farm)	(e.g. F)	X														

***Type Codes: F=Farmer/Grower, D=Distributor/Dealer, H=Produce Food Hub, A=Produce Auction, O=Other**

Signature. I certify product was purchased from the above supplier(s) for the days indicated above.

Submit to:

Signature (FMNP Market Representative)

Date

Market Name and FMNP Market ID#

Market County

Mail: NYS Department of Agriculture and Markets
Farmers' Market Nutrition Program
10B Airline Drive Albany NY 12235
Fax: (518) 457-8398
Email: farmersmarkets@agriculture.ny.gov

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