

SAMPLE FOOD VOUCHER

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 <input type="checkbox"/>	NO <input type="checkbox"/>
Feminine Hygiene Items:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

\$ _____
(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 the National Board, 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.)