



## Produce Prescription Program of SCNY - Redemption Log

Store / Vendor Name: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Month/Year Reporting: \_\_\_\_\_

Were there any days you were closed that you are usually open? circle: Yes / No  
If yes, how many? \_\_\_\_\_

| Number of Vouchers | Type of Vouchers                 | Total Value of Vouchers |
|--------------------|----------------------------------|-------------------------|
|                    | \$5 Fruit and Vegetable Vouchers |                         |
|                    | \$1 MarketBucks                  |                         |
| <b>Total</b>       |                                  |                         |

I attest that the Produce Prescription voucher information entered on this redemption log and payment request is correct and complete to the best of my knowledge. I attest that only eligible fruits and vegetables have been provided in exchange for the Produce Prescription vouchers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For reimbursement mail this form and your vouchers to: Rural Health Network of South Central NY;  
ATTN: Kate Miller-Corcoran, 455 Court Street, Binghamton, NY 13904**