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| UA-color-left-med | EFNEP Purchase Justification Form | PURCH-3313-25-04 |
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| County Extension Agent |       | County |       |
|  |
| Family Program Assistant |       | Date |       |
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| 1. | Please provide a justification for how the nutrition education materials/food demonstration supplies purchased are to be used to support EFNEP programming. |
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|  |       |
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| 2. | If the purchase is for food demonstration materials and supplies, list the recipe(s) being demonstrated and the curriculum or source of the recipe(s). (Please attach a copy of the recipe if the recipe is not from an approved source.) |
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|  |       |
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| 3. | List the lesson(s) the purchased items support. |
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| 4. | Indicate the number of participants attending the programs for which items were purchased: |
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|  |     | EFNEP Homemakers |     | EFNEP Youth |     | EFNEP Volunteers |  |
|  |
|  |     | Others (Please specify) |       |
|  |
| Total Cost |       |  |
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|  |       |  |
| County Extension Agent-FCS Signature |  | Date |       |
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| **IMPORTANT: In order for EFNEP purchases to be approved, this purchase justification form must be attached to all** **purchases charged to the EFNEP project including: PURCH-304: Purchase Request; PURCH-330: Request for** **Reimbursement; and PURCH-307: Authorization to Pay Under Blanket Order.** |