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| UA-color-left-med | | | | EFNEP Purchase Justification Form | | | | | | | | | PURCH-331  3-25-04 |
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| County Extension Agent | | |  | | | | | County | |  | | | |
|  | | | | | | | | | | | | | |
| Family Program Assistant | | |  | | | | | Date | |  | | | |
|  | | | | | | | | | | | | | |
| 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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|  | | | | | | | | | | | | | |
| 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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| 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: | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  |  | EFNEP Homemakers | | |  | EFNEP Youth |  | EFNEP Volunteers | | | |  | |
|  | | | | | | | | | | | | | |
|  |  | Others (Please specify) | | |  | | | | | | | | |
|  | | | | | | | | | | | | | |
| Total Cost | |  | | |  | | | | | | | | |
|  | | | | | | | | | | | | | |
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|  | | | | |  | | | |  | | | | |
| County Extension Agent-FCS Signature | | | | |  | | | | Date | |  | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **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.** | | | | | | | | | | | | | |