

SNAP & Double SNAP Weekly Reports



Date: _____

Location: _____

of Pages: _____

MARKET ADMIN	
# Paid Staff (Name, Hours OPTIONAL): _____	# of Volunteers: _____
\$ Spent on Incentive Program: \$ _____	(This can be a best-guess estimate (Include staff and admin time, outreach, supplies, etc.))

MARKET DAY TOTALS			
SNAP Sales \$	DSD Sales \$	# Produce Vendors:	EDUCATIONAL ACTIVITIES
SNAP reimbursements \$	DSD reimbursements \$	# SNAP Vendors:	Check off activities below

Last 4 digits of card	Total SNAP	DSD Match Given	SNAP-ed Coupon?	Total Given	Notes
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					
Total			Total		

DSD ADMIN USE ONLY			
Check the following totals in FM tracks match this report:			
TRANSACTIONS # Transactions <input type="checkbox"/> Payment Dist./SNAP Sales <input type="checkbox"/> Incentives Dist./DSD Sales <input type="checkbox"/>	VENDOR REIMBURSEMENT Pay. Redeem/SNAP reimb <input type="checkbox"/> Inc. Redeem/DSD reimb <input type="checkbox"/>	POST MARKET Vendors <input type="checkbox"/> Staff/Volunteers <input type="checkbox"/> Education Activities <input type="checkbox"/>	<input type="checkbox"/> SNAP-ED/EFNEP <input type="checkbox"/> Harvest of the Month <input type="checkbox"/> Nutrition/Health <input type="checkbox"/> Cooking Demo <input type="checkbox"/> Kids Activities <input type="checkbox"/> Other: