

# SNAP & Double SNAP Transaction Report



Month: \_\_\_\_\_

SITE 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.)

## REPORT TOTALS

SNAP Sales \$	DSD Sales \$	# Produce Vendors:	
SNAP reimbursements \$	DSD reimbursements \$	# SNAP Vendors:	

Last 4 digits of card	Total SNAP	DSD Match Given	Nutrition Class Coupon?	Total Given	Date	Notes
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						
13)						
14)						
16)						
17)						
18)						
19)						
20)						
<b>Total</b>			<b>Total</b>			