SNAP-ED PCARD USE FORM Submit along with detailed receipt

Check if receipt					
is taped to back of					
form					

Card Holder: Pu	Purchase Date:					
Vendor Name:	County:					
Supplemental Nutrition Assistance Program Education (SI funded program that, in partnership with the University of systems, and environmental change initiatives to communications.	f Arizona (l	J of A), delivers	nutrition ed			
SNAP-ED Nutrition Education Food Demos - Formal	agendas ar	e not prepared	l for these ev	vents.		
Items Purchased:						
Date & Location of Event:						
Who Benefits:#Attendees						
Other SNAP-ED Transactions						
Items Purchased:						
Date & Location of Event:						
Vho Benefits:#Attendees						
Business Purpose:						
FOR ADM	/IIN USE	ONLY				
Account # Dept #						
DOC ID # Transaction #						
Rental car DOC Car fuel DOC	Car fuel DOC # If Travel Exp, TA #					
Items Purchased:						
Description	Cost	Sub-Acct	Obj Code	Sub-Obj Code	Project Code	
Shipping						
Sales Tax Total Dollar Amount	Tax Exempt*					
Tax exempt codes: 3820, 3870, 5520, 5540, 5560, 5810, 5830	n E0E0 701	_ n 7020 7020 00	175			