

**Senior Farmers' Market Nutrition Program  
Vendor Integrity Evaluation Report  
(Compliance Buys)**

Date: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Farmers' Market: \_\_\_\_\_

Address: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

The following vouchers were issued for this review:

Voucher Numbers	Amount of Voucher

**Summary of Purchases**

**Eligible Items (See list of allowable items)**

Item	Quantity	Price	Buy Completed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Ineligible Items (See list of disallowed items)**

Item	Quantity	Price	Buy Completed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Items Refused by Buyer**

Item	Quantity	Price	Reason Item Refused*

\*Examples: too ripe; too green; damaged; quantity / quality offered was not equal to the value non-SFMNP customers received.

Total voucher amount spent: \_\_\_\_\_

I certify the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Reviewer Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Reviewer