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| University of Arkansas System Division of Agriculture Cooperative Extension Service | EFNEP Purchase Justification Form | PURCH-33107-31-2024 |
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| **EFNEP Supervising Agent** |       | **County** |       |
|  |
| **EFNEP Educator**  |       | **Date** |       |
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| **PLEASE COMPLETE FOR ALL PURCHASES (FOOD AND NON-FOOD)** |
| 1. | **Please provide a justification for how the nutrition education materials/food demonstration supplies purchased are to be used to support EFNEP programming. (Be specific.)** |
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| 2. | **List approved curriculum and lesson name that this purchase supports:** |
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| 3. | **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. Recipes from non-approved sources should be reviewed in advance by EFNEP state staff.) |
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| 4. | **Indicate the number of participants attending the programs for which items were purchased:** |
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|  |       | Adult Participants |       | Youth Participants |       | EFNEP Volunteers |
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|  |       | Others (Please specify) |       |
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| **Total Cost** |       |  |
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| **EFNEP Supervising Agent Signature** |  | **Date** |       |
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| **EFNEP LRSO Signature** |  | **Date** |       |
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| **IMPORTANT: This form must be attached to all p-card verifications and reimbursement requests in Workday. Additional paperwork may be required per Finance Department policies.**  |