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| University of Arkansas System Division of Agriculture Cooperative Extension Service | | | | | EFNEP Purchase Justification Form | | | | | | | | | | PURCH-331  07-31-2024 |
|  | | | | | | | | | | | | | | | |
| **EFNEP Supervising Agent** | | | |  | | | | | **County** | | |  | | | |
|  | | | | | | | | | | | | | | | |
| **EFNEP Educator** | | | |  | | | | | **Date** | | |  | | | |
|  | | | |  | | | | |  | | |  | | | |
| **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 | | |
|  | | | | | | | | | | | | | | | |
|  |  | | 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.** | | | | | | | | | | | | | | | |