

Shopping List Approval Form

Project(s): _____
 (County name and SNAP-Ed or EFNEP)

Campaign name or Code _____
 (See Codes below)

Name(s): _____ Today's Date: _____ Shop Date: _____

Be specific – name of item, how much, what size, what flavor etc... add lines when needed.

When you are shopping compare the store brand to the others, use the unit price to determine the best value.

Item Name/Description	Date Needed	Quantity	#Participants	Curriculum/ Event	Lesson/Display

Must Be Approved by Supervisor before Shopping

Supervisor Signature: _____ Date: _____

Comments:

Codes

- Direct EFNEP
- Direct SNAP-Ed
- SNAP-Ed For Me
- SNAP-Ed For Me Surveys
- MVPA
- MVPA – Pregnant Teams
- MVPA – Evaluation
- Faithfully Fit
- Select to Protect
- Select to Protect – Head Start
- Select to Protect – Lunch Aides
- PSE

- DIR
- DIR
- FIM
- FSV
- MIM
- MPT
- MEV
- FFI
- S2P
- SHS
- SLU
- PSE