

Wireless EBT-Only Equipment Reimbursement Request Form

This reimbursement request form must be accompanied by an itemized invoice from the vendor and proof of payment made to the vendor. State of Vermont payment terms are Net 30 days from the date on this invoice. Request forms submitted after 07/01/2021 will not be considered.

Invoice Date: _____
Market/Farm Name (check payable to): _____
Market/Farm Mailing Address: _____
Market/Farm Contact (Please Print): _____
Market/Farm Phone Number: _____
Market/Farm Email: _____

EQUIPMENT INFORMATION

Equipment Type (model): _____
Equipment Serial Number (or other ID): _____
Source of Equipment (vendor): _____
Acquisition Date: _____

REIMBURSEMENT REQUEST:

Maximum Amount Payable: _____
Total Requested to Date: _____
Funding Requested: _____
Available Balance: \$ _____ -

By signing below, I certify that the amount requested above was used for intended services only, and paid in full to the EBT-only service vendor.

Signed by: _____ Date: _____

<i>STATE AGENCY USE ONLY</i>	
Dept. ID: <u>3440010500</u>	<i>RESERVE FOR APPROVAL STAMP</i>
Program: <u>41366</u>	
Account: <u>507600</u>	
Fund: <u>22005</u>	