

**SAMPLE FOOD VOUCHER**

*LRO's Name and Address*

\_\_\_\_\_, please allow  
*(Store Name)* \_\_\_\_\_, *(Address)*

\_\_\_\_\_ to purchase up to \$ \_\_\_\_\_ of food items only.  
*(Client's/Purchaser's Name)* \_\_\_\_\_ *(Dollar Amount)*

The \_\_\_\_\_ will reimburse you upon receipt of a voucher signed by  
*(LRO's name)*

client/purchaser and store representative with an itemized register tape attached.

**No alcohol. No lottery tickets. No cigarettes.**  
**No non-food items (except diapers and feminine hygiene items, if marked below). No cash back.**

Diapers:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Feminine Hygiene Items:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

\$ \_\_\_\_\_  
*(Actual Amount Purchased)*

\_\_\_\_\_  
*(Signature, Purchaser/Client)*

\_\_\_\_\_  
*(Date - month/day/year)*

\_\_\_\_\_  
*(Signature, Store Representative)*

\_\_\_\_\_  
*(Date - month/day/year)*

\_\_\_\_\_  
*(Signature, LRO Representative)*

\_\_\_\_\_  
*(Date - month/day/year)*

**Note:** When submitting documentation to the National Board, if the voucher is filled out completely and all 3 signatures are present and dated, an itemized food receipt is not required. If not filled out completely or all 3 signatures are not present, then the itemized food receipts must be included with the voucher.)