



KENTUCKY DEPARTMENT OF AGRICULTURE
RESTAURANT REWARDS REIMBURSEMENT REQUEST FORM

DATE STATE VENDOR ID

ATTACH A COPY OF FOOD RECEIPTS TO THIS FORM. TO CONFIRM PRODUCT ELIGIBILITY, ALL PRODUCERS OR KENTUCKY PROUD™ PRODUCT SUPPLIERS MUST BE LISTED.

BUSINESS NAME

CONTACT NAME

PHONE

ADDRESS

EMAIL

FAX

Table with 5 columns: PURCHASE DATE, ITEM DESCRIPTION, QUANTITY, TOTAL EXPENSE, PRODUCER / CONTACT INFO (for eligibility confirmation). The table contains 10 empty rows for data entry.

Please attach a separate sheet for additional product listings.

For Office Use Only: Audited by: DATE: Approved By: DATE: Approved By: DATE: TOTAL REIMBURSEMENT: \$ BY DATE:

RETURN THE COMPLETED FORM TO: KY DEPT. of AGRICULTURE, 100 FAIR OAKS LANE, 5th FLOOR, FRANKFORT, KY 40601, or fax: 502-564-0303. Need Help? Call KDA, 502-564-4983.