

Vendor Reconciliation Form

spencercreekmarkets.org



Business Name _____ Date _____

STALL FEES (\$6per space)	Other Fees	Vendor owes Market:
\$	\$	\$

REIMBURSEMENTS

SNAP (\$1)	DUFB (\$2)	DB/CR (\$5)	FDNP (\$4)	PoP (\$2)	Market owes Vendor:	
\$	Qty	\$	Qty	\$	Qty	\$

CHECK ONE

____ Vendor owes Market ____ Market owes Vendor

\$

Vendor Initials _____ Mkt. Manager Initials _____

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