



Date _____

Business Name _____

STALL FEE (\$6 per space)	OTHER FEES	Vendor owes Market:
		\$

REIMBURSEMENTS

SNAP (\$1)	DUFBI (\$2)	DB/CR (\$5)	FDNP (\$4)	BBB (\$5)	LL (\$5)	Food (\$5)	Market owes Vendor:
\$	\$	\$	\$	\$	\$	\$	\$

<u>CHECK ONE</u> ____ Vendor owes Market ____ Market owes Vendor	\$
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Vendor Initials _____ Manager Initials _____