



Florida Department of Agriculture and Consumer Services  
Division of Food, Nutrition and Wellness

**REIMBURSEMENT FOR EXPENSES REQUEST**

NICOLE "NIKKI" FRIED  
COMMISSIONER

**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)  
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)**

7 CFR 247, 7 CFR 251

Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**TEFAP**

Contract No.: \_\_\_\_\_

Period of Distribution: \_\_\_\_\_  
(Month and Year)

Total pounds of TEFAP foods distributed: \_\_\_\_\_ lbs. X \$0.20 Total \$ \_\_\_\_\_

**CSFP**

Contract No.: \_\_\_\_\_

Period of Distribution: \_\_\_\_\_  
(Month and year)

Number of cases distributed for CSFP \_\_\_\_\_

Number of approved applications for CSFP \_\_\_\_\_

Total Reimbursement Requested \$ \_\_\_\_\_

**Attach supporting documentation regarding delivery/distribution of (TEFAP/CSFP) foods, i.e., bills of lading, delivery receipts, distribution reports, etc. All other supporting documentation must be maintained on site as required by 7 CFR §247 and/or 251.**

\_\_\_\_\_  
Program Director/Coordinator (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**DO NOT WRITE IN THIS SPACE**

TEFAP

ORG CODE/EO: \_\_\_\_\_

PAYMENT AMOUNT \$ \_\_\_\_\_

FDACS CONTRACT MANAGER (Signature) \_\_\_\_\_

CSFP

ORG CODE/EO: \_\_\_\_\_

PAYMENT AMOUNT \$ \_\_\_\_\_

DATE: \_\_\_\_\_