

STATE OF MARYLAND  
 DEPARTMENT OF HUMAN RESOURCES  
 FAMILY INVESTMENT ADMINISTRATION  
 311 WEST SARATOGA STREET, BALTIMORE, MARYLAND 21201  
 CLAIM FOR REIMBURSEMENT  
 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM-FARMERS MARKET-WIRELESS EQUIPMENT  
 FEDERAL FISCAL YEAR 2013

NAME AND ADDRESS  
 OF FARMERS MARKET: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Federal I.D. Number: \_\_\_\_\_

**DESCRIPTION OF CLAIM FOR WHICH REIMBURSEMENT IS REQUESTED:**

Wireless Point-of-Sale Equipment, Installation  
 & Wireless Access Service (\_\_\_ months)

**NAME OF VENDOR**

**SERVICE PROVIDED**

**AMOUNT**

Wireless Point-of-Sale Equipment

Installation

Wireless Access Service

**INVOICE MUST BE ATTACHED WHEN CLAIM IS SUBMITTED**

**TOTAL EXPENDITURE:**

**\$**

It is hereby certified that costs less than or equal to the amount of this claim have been incurred to provide the specified equipment and services and are not claimed under any other funds made available through the State of Maryland or a Federal agency. It is further certified that records to support these expenditures for allowable costs as identified by program regulations and Federal management circulars will be maintained for three years after the close of the current fiscal year.

**AUTHORIZED SIGNATURE:**

\_\_\_\_\_  
 Name (Printed and Signed)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

**AMOUNT OF REIMBURSEMENT REQUESTED**

\$

**FOR FIA USE ONLY- AUTHORIZED BY (2 SIGNATURES REQUIRED)**

\_\_\_\_\_  
 FIA BUDGET ANALYST

\_\_\_\_\_  
 FIA PROGRAM ADMINISTRATOR/DATE

\_\_\_\_\_  
 PURCHASE ORDER NUMBER

\_\_\_\_\_  
 APPROVAL DATE

EXPENDITURE APPROVED \$ \_\_\_\_\_