

Direct Purchase & Tracking Form

This record can be used for submitting LSFIP reimbursement and for documenting MPT for auditing and review purposes. Use a new sheet for each vendor.

District Micro purchase threshold: \$ _____

Date: _____

Farm Name: _____

New Vendor: yes no

Contact name and contact information: _____

Socially Disadvantaged and/or Small Farm Business (BIPOC, women owned, veteran etc.) : _____

Submit for reimb. (y/n) <i>Eg. Incentive program, grant etc.)</i>	Product	Est. Product Delivery & delivery info.	Method of Contact	Specification (amount, size, pack style)	Additional Specs. geographic pref., size, delivery etc.	Price per unit	Subtotal (negotiated price)	Notes
Y	Kale - any variety	Mid Nov. \$20 delivery fee for orders less than \$200	ph. call	3 cases - 12# per case, loose leaf	label box with variety of kale	\$48 / case	\$144	any green variety is fine



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