

Emergency Food and Shelter Program
Riverside County Local Board
Food Voucher

LRO's Name
Address
City, State, Zip Code

_____, _____, please allow
(Store Name) (Address)

_____ to purchase up to \$ _____ of food items only.
(Client's/Purchaser's Name) (Dollar Amount)

The _____ will reimburse you upon receipt of a voucher
(LRO's name)
signed by client/purchaser and store representative with an **itemized register tape attached.**

No alcohol. No lottery tickets. No cigarettes.

No non-food items (except diapers if marked below). No cash back.

Diapers: Yes <input type="checkbox"/> No <input type="checkbox"/>

\$ _____
Actual Amount Purchased

(Signature, Purchaser / Client) (Date)

(Signature, Store Representative) (Date)

(Signature, LRO Representative) (Date)

(Note: When submitting documentation to the National Board, if the voucher is filled out completely and all 3 signatures are present and dated, you do not need to submit the itemized receipts. If not filled out completely or **all signatures are not present**, then the itemized food receipts must be included with the voucher.)