



Verification Form



VERIFICATION FORM MUST ACCOMPANY ALL DEPOSITS

Organization Name:	
Address:	
Day Time Phone: ()	Deposit Date
ABC's Coordinator Name:	Official's Name

**NUMBER THE ABC'S RECEIPT BUNDLES FROM ONE TO EIGHTY.
LIST THE AMOUNT OF EACH BUNDLE BELOW. TOTAL THE AMOUNTS LISTED.**

FARM FRESH & THE MARKET BUNDLES

#	AMOUNT	#	AMOUNT	#	AMOUNT	#	AMOUNT
1		21		41		61	
2		22		42		62	
3		23		43		63	
4		24		44		64	
5		25		45		65	
6		26		46		66	
7		27		47		67	
8		28		48		68	
9		29		49		69	
10		30		50		70	
11		31		51		71	
12		32		52		72	
13		33		53		73	
14		34		54		74	
15		35		55		75	
16		36		56		76	
17		37		57		77	
18		38		58		78	
19		39		59		79	
20		40		60		80	

TOTAL

For Farm Fresh Use Only

Verified By:	Date:
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Please make a copy of this form before submitting and retain with your records.