



# Hoophouses for Health Voucher Redemption Report

One voucher redemption report must be included with each monthly submission of vouchers. MIFMA will process reimbursement the last week of each month. You will receive an email from a MIFMA representative to confirm your voucher submission each month.

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Date Farm Name Primary Contact

Number of Vouchers Included: \_\_\_\_\_

Value of Vouchers (# of vouchers x \$2): \_\_\_\_\_

Signature: \_\_\_\_\_

By signing here, I certify that I am submitting the value of vouchers identified above.

### For Office Use Only

Date: Name of Reviewer:

I certify that I have received \$\_\_\_\_\_ in vouchers.

Signature: \_\_\_\_\_

### Mail to:

Michigan Farmers Market Assoc.  
Attn: Rebekah Faivor  
480 Wilson Rd, Room 172  
East Lansing, MI 48824



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