**MCFM Load Sheet**

Check one:

* Surprise Valley Saturday Market
* Alturas Farmers Market

Farm/Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative/Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Crop/Product | Date Harvested | Harvested by | Amount Brought | Asking Price | Total Amount Sold | Total $ Value |
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| **GROSS SALES TOTAL** | | | | | |  |
|  | | | | | | |
| **Vendor Fee - Please check one** | | | | | | |
| SEASON FEE  DAILY FLAT FEE $20  DAILY PERCENTAGE FEE 10% = $ | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Benefits Received - Fill in dollar amount** | | | Market Match = $ |
| WIC FMPP = $ | Senior FMNP = $ | SNAP-EBT (wooden tokens) = $ | Sprouts Bucks = $ |
| Warner Mtn Indian Health = $ | Strong Family Health Center = $ | Modoc Match = $ | Kids Bucks = $ |

*I certify that the information provided concerning production and sales records is true and correct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Signature

* I will be at the next market on \_\_\_\_\_\_\_\_\_\_
* I will not be at the next market, I will be back on \_\_\_\_\_\_\_\_\_\_

**MCFM Load Sheet Supplement**

Check one:

* Surprise Valley Saturday Market
* Alturas Farmers Market

Farm/Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative/Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Crop/Product | Date Harvested | Harvested by | Amount Brought | Asking Price | Total Amount Sold | Total $ Value |
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| **GROSS SALES TOTAL** | | | | | |  |