**Vendor Sales Slip**

*Please complete, fold & return this
slip to the market manager before
you leave the market.*

**{Name of Market}**

**Date of Market Day:**

|  |  |  |
| --- | --- | --- |
|  | Sales by Payment Method | Token Redemption (for market management use) |
| Cash / Check | **$** |  |
| Credit / Debit – when vendor is operating own machine | **$** |  |
| Credit / Debit –Market Tokens | **$** |  |
| SNAP EBT –Market Tokens | **$** |  |
| SNAP EBT-when vendor is operating own machine  | **$** |  |
| Incentive 1 | **$** |  |
| Incentive 2 | **$** |  |
| Senior FM Nutrition Program | **$** |  |
| WIC CVV | **$** |  |
| Voucher | **$** |  |
| Total | **$** |  |

|  |  |
| --- | --- |
| How many pounds of food did you donate today (if applicable)? | In your best estimate, which of your products generated the most revenue at this market today? Circle one: |
|  |  Produce Meat & seafood Dairy Eggs Plants & flowers |  Value-added foodPrepared foodCrafts/art/servicesOther |