

Emergency Food and Shelter Program  
Riverside County Local Board  
Food Voucher

\_\_\_\_\_  
(LRO Name) (LRO Number)

\_\_\_\_\_  
(LRO Address)

\_\_\_\_\_  
(LRO City, State, Zip Code)

\_\_\_\_\_, please allow  
(Store Name) (Store Address)

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

\_\_\_\_\_ 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  No**

\$ \_\_\_\_\_  
Actual Amount Purchased

\_\_\_\_\_  
(Signature, Purchaser / Client)

\_\_\_\_\_  
(Date - month/day/year)

\_\_\_\_\_  
(Signature, Store Representative)

\_\_\_\_\_  
(Date - month/day/year)

\_\_\_\_\_  
(Signature, LRO Representative)

\_\_\_\_\_  
(Date - month/day/year)