

Health Bucks Monthly Distribution Log

Organization Name: _____

Contact Person: _____

Program Name: _____

Email: _____

Address: _____

Phone #: _____

Track your Health Bucks distribution in the table below. Complete one row for each event where Health Bucks are distributed. Follow these steps:

1. Record the name of the person who distributed the Health Bucks in the first column.
2. Enter the date Health Bucks were distributed in the second column.
3. Check the activity through which Health Bucks were distributed in the third column. If more than one activity was conducted, check all that apply.
4. Under Serial # Distributed, record the last 7 digits of the Health Bucks serial number for the **first** and **last** Health Bucks distributed that day.
5. Sign the log.

Name <i>(Who distributed Health Bucks?)</i>	Date <i>(When?)</i>	Activity <i>(What activity was offered?)</i>	Serial # Distributed <i>(enter last 7 digits only)</i>		Signature <i>(Person completing the log)</i>
			First	Last	
<i>Example:</i> Dr. Carol B. Owens	7/14/24	<input checked="" type="checkbox"/> Market visit <input checked="" type="checkbox"/> Walking group <input type="checkbox"/> Doctor/clinic visit <input type="checkbox"/> Virtual workshop <input type="checkbox"/> Other _____	2024 0123401	2024 0123405	<i>Dr. Carol B. Owen</i>
		<input type="checkbox"/> Market visit <input type="checkbox"/> Walking group <input type="checkbox"/> Doctor/clinic visit <input type="checkbox"/> Virtual workshop <input type="checkbox"/> Other _____			
		<input type="checkbox"/> Market visit <input type="checkbox"/> Walking group <input type="checkbox"/> Doctor/clinic visit <input type="checkbox"/> Virtual workshop <input type="checkbox"/> Other _____			
		<input type="checkbox"/> Market visit <input type="checkbox"/> Walking group <input type="checkbox"/> Doctor/clinic visit <input type="checkbox"/> Virtual workshop <input type="checkbox"/> Other _____			
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		<input type="checkbox"/> Market visit <input type="checkbox"/> Walking group <input type="checkbox"/> Doctor/clinic visit <input type="checkbox"/> Virtual workshop <input type="checkbox"/> Other _____			

Submit this log on the last day of each month you distribute Health Bucks. Email log to farmersmarkets@health.nyc.gov.

Note that all documents associated with Health Bucks are subject to audit at any time.