

# Disaster Purchase Log

**Operator Name:** \_\_\_\_\_

**Land Owner Name:** \_\_\_\_\_

**Farm Number:** \_\_\_\_\_



Date	Purchase Point	Item(s)/Quantity	Purpose	Source of Payment	Cost

**\* If paid in cash, receipts signed by person receiving the payment and corresponding to the above information required. If paid by check, retain cancelled check.  
For more information or Questions contact your local USDA-FSA office.**