

OFFLINE FOOD BENEFIT VOUCHER

Important! Vouchers must be entered or cleared on the POS device within 15 days of customer sale or funds will not be reimbursed.

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EBT CARD NUMBER

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VOUCHER NUMBER

(Please create and write in your voucher number in this box.)

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DATE (MM-DD-YYYY)

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AUTHORIZATION

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AMOUNT

REASON 3rd Party Processor Down Store Terminal(s) Down
 Phone Line Problem Host Computer Down Emergency Issuance

Purchase Refund

PRINT CARDHOLDER NAME

Store FNS Auth Number: _____

Store Name: _____

Store Address: _____

Store City/State/Zip Code: _____

Store Supervisor/Clerk Signature: _____

Federal regulations prohibit representation of this voucher by retailer if voice authorization is denied.

CARDHOLDER SIGNATURE

In signing this voucher, I believe the food benefits are available for the full amount of this transaction.



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