OFFLINE FOOD BENEFIT VOUCHER

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

EBT CARD NUMBER

DATE (MM-DD-YYYY) $ AMOUNT

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

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

PRINT CARDHOLDER NAME

CARDHOLDER SIGNATURE

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

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

Store FNS Auth Number:________________________

Store Name:__________________________________

Store Address:________________________________

Store City/State/Zip Code:_______________________

Store Supervisor/Clerk Signature:________________

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