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.	
EBT CARD NUMBER	VOUCHER NUMBER
	(Please create and write in your voucher number in this box.)
DATE (MM-DD-YYYY) AUTHORIZATION AMOUNT	
REASON 3rd Party Processor Down Store Terminal(s) Down	
Phone Line Problem Host Computer Down Final(s) Down Purchase Refund	PRINT CARDHOLDER NAME
Store FNS Auth Number:	NS
Store Name:	
Store Address:	CARDHOLDER SIGNATURE
Store City/State/Zip Code:	In signing this voucher, I believe the food benefits
Store Supervisor/Clerk Signature:	are available for the full amount of this transaction.
Federal regulations prohibit representation of this voucher by retailer if voice authorization is denied	I. NATIONAL RETAIL Solutions
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EBT CARD NUMBER	
<u> </u>	(Please create and write in your voucher
DATE (MM-DD-YYYY) AUTHORIZATION AMOUNT	number in this box.)
REASON 3rd Party Processor Down Store Terminal(s) Down Phone Line Problem Host Computer Down Emergency Issuance	
	PRINT CARDHOLDER NAME
Store FNS Auth Number:SOLUTIO	NS
Store Name:	CARDHOLDER SIGNATURE
Store Address:	
Store City/State/Zip Code:	In signing this voucher, I believe the food benefits are available for the full amount of this transaction.
Store Supervisor/Clerk Signature:	A NATIONAL RETAIL SOLUTIONS
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