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 ☐ Emergency Issuance

☐ Purchase ☐ Refund

PRINT CARDHOLDER NAME

Store FNS Auth Number: _____

Store Name: _____

Store Address: _____

CARDHOLDER SIGNATURE

Store City/State/Zip Code: _____

Store Supervisor/Clerk 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.

NATIONAL RETAIL SOLUTIONS