OFFLINE FOOD BENEFIT VOUCHER	
Important! Vouchers must be entered or cleared on the POS device within 15 days of cus EBT CARD NUMBER DATE (MM-DD-YYYY) AUTHORIZATION AMOUNT	VOUCHER NUMBER (Please create and write in your voucher number in this box.)
REASON □ 3rd Party Processor Down □ Store Terminal(s) Down □ Phone Line Problem □ Host Computer Down □ Emergency Issuance Store FNS Auth Number:	PRINT CARDHOLDER NAME
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 denie	CARDHOLDER SIGNATURE In signing this voucher, I believe the food benefits are available for the full amount of this transaction.
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.)
REASON □ 3rd Party Processor Down □ Store Terminal(s) Down □ Phone Line Problem □ Host Computer Down □ Emergency Issuance □ Refund Store FNS Auth Number:	PRINT CARDHOLDER NAME
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 denie	CARDHOLDER SIGNATURE In signing this voucher, I believe the food benefits are available for the full amount of this transaction.
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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:	FRINT CARDHOLDER NAME
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.
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