



**Offline Food Stamp Voucher**

Merchant Copy

Vouchers must be redeemed in your POS device within 15 days or funds will not be reimbursed.

Voucher Number: \_\_\_\_\_ Use MM-DD-YY + 2 extra digits of your choice.

EBT Cd Number: \_\_\_\_\_

Date (MM-DD-YYYY): \_\_\_\_\_

Authorization # (from state agency): \_\_\_\_\_

Amount: \$ \_\_\_\_\_ . \_\_\_\_\_

Transaction Type (Circle One): PURCHASE REFUND

Store FNS Number: \_\_\_\_\_

Store Name: \_\_\_\_\_

Store Address: \_\_\_\_\_

Store City / State / Zip: \_\_\_\_\_

Store Clerk Name (Print): \_\_\_\_\_

Store Clerk Signature: \_\_\_\_\_

Customer Name (Print): \_\_\_\_\_

Customer Signature: \_\_\_\_\_

NOTES: \_\_\_\_\_



**Offline Food Stamp Voucher**

Customer Copy

Voucher Number: \_\_\_\_\_ Use MM-DD-YY + 2 extra digits of your choice.

EBT Cd Number: \_\_\_\_\_

Date (MM-DD-YYYY): \_\_\_\_\_

Authorization # (from state agency): \_\_\_\_\_

Amount: \$ \_\_\_\_\_ . \_\_\_\_\_

Transaction Type (Circle One): PURCHASE REFUND

Store FNS Number: \_\_\_\_\_

Store Name: \_\_\_\_\_

Store Address: \_\_\_\_\_

Store City / State / Zip: \_\_\_\_\_

Store Clerk Name (Print): \_\_\_\_\_

Store Clerk Signature: \_\_\_\_\_

Customer Name (Print): \_\_\_\_\_

Customer Signature: \_\_\_\_\_

NOTES: \_\_\_\_\_