



Offline EBT Voucher

Merchant Copy

Vouchers must be redeemed in your POS device within 10 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 EBT 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: _____