

OFFLINE FOOD VOUCHER

Merchant: If voice authorization is denied, USDA-FNS regulations prohibit you from representing this voucher for payment.

Card Number (Print all digits of card number)

PRINT Cardholder Name

X

Cardholder Signature Date

By signing this voucher, I believe food funds are available for the full amount of this transaction. If funds are NOT available, the State may direct that future month's benefits be deducted under specific circumstances.

In the event of a dispute, if any information in shaded areas has been altered, charge back may occur.

RS 2pt 5/10

APPROVAL NUMBER	TRANSACTION DATE/TIME
AMOUNT \$	Eligible Incentive Amount \$
STORE FNS AUTHORIZATION NUMBER	<input type="checkbox"/> Purchase <input type="checkbox"/> Refund
PRINT STORE NAME	
STORE PHONE NUMBER ()	
STORE ADDRESS	
STORE CITY/STATE/ZIP	
STORE SUPERVISOR/CLERK SIGNATURE X	

Vouchers must be cleared on POS device within 15 days.

FIS

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