

FOOD STAMP BENEFIT ISSUANCE TRANSACTIONS

Co.	Adm.	FSIS Case ID	Case Name		
_____	_____	_____	_____	_____	_____
			Last	First	Middle

TRANSACTIONS:

Authorize Issuance

Reason Amount Benefit Month Affidavit Date

(Reason code Y prevents nightly issuance from DSS-8590 entry.)

Cancel Issuance

Amount Date Authorized Benefit Month Type

AUTHORIZATION:

Worker	Date	Supervisor	Date

KEY ENTRY USE ONLY

ACTION	<input type="checkbox"/> Entered	Date	Signature
	<input type="checkbox"/> Not Processed	Date	Reason

REASON CODES

R – Restored Benefits – HH Certified	N – Restored Benefits – HH Not Certified
W – Supplement – Reported Change, etc.	Y – Initial Issuance
Z – Supplement – Reserved	O – Replacement – Replace Destroyed Food or Replace Benefits Stolen Under Duress

Notes: _____

