



# POS Voucher

Financial Institution - White Copy  
Merchant - Yellow Copy  
Customer - Pink Copy

### Pay to the order of:

Merchant Name \_\_\_\_\_  
Location \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

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

Telephone Number ( ) \_\_\_\_\_

Card Number (From card front) \_\_\_\_\_

Account Type \_\_\_\_\_ Checking \_\_\_\_\_ Food Stamps

Terminal Number \_\_\_\_\_

Date of Transaction \_\_\_\_\_ Time of Transaction \_\_\_\_\_

Amount (Please write out) \_\_\_\_\_ Dollars

Customer Financial Institution \_\_\_\_\_

Location \_\_\_\_\_

Form #470-2827

\_\_\_\_\_ Store Manager/Supervisor Approval

Attention State of Iowa Benefits Card Holder: Please understand that if your account has insufficient funds to cover this purchase, you are responsible for the difference. The Department of Human Services may take future benefits to cover any such mistake.