Iowa Department of Human Services

EBT DEBIT APPROVAL/RE-PRESENTATION

FROM MANUAL VOUCHER

Name		Account Number	Phone Number
Transaction Amount	Date	Time	Account Type ☐ FS ☐ ADC
Merchant Name		Location	
Merchant's Address			

SYSTEM 36 BALANCE CHECK

QA Operator	Time	Date	Account Balance

SIGNATURE AND DATE OF ACTION

- Insufficient funds (Voucher returned to Bank NSF)	
- Account debited $_____ ° System 36 entry made ° Finance notified of amount to draw ° Bank notified to debit states account	
- Claim voucher complete $_____ ° Warrant cut ° Bank notified of manual warrant	

DEA Approval

REPAYMENT METHOD

Allotment Amount $_____	Amount to be recouped	PA-2228 Completed	
Re-presentation *Schedule & Amounts*	Month 1	Month 2	Month 3	Month 4
Re-presentation Accomplished	Amount Date		Amount Date	
	Amount Date		Amount Date	