



**ATTACHMENT C**

Emergency Food & Shelter Local Board Program  
FOOD VOUCHER-  
GROCERY-Food Pantry

[Dotted box for Agency Name & Address]

(Agency Name & Address)

[Dotted box for Store Name & Address]

(Store Name & Address)

Please allow \_\_\_\_\_ to purchase up to \$ \_\_\_\_\_ of food.  
(Client Name) (Dollar Amount)

The \_\_\_\_\_ will reimburse you upon receipt of a voucher  
(Agency Name)  
signed by purchaser and store representative with an itemized register tape attached.

**NO ALCOHOL, NO LOTTERY TICKETS, NO CIGARETTES  
NO NON-FOOD ITEMS (EXCEPT DIAPERS IF MARKED BELOW)**

**\*\*NO CASH BACK\*\***

**VOUCHER EXPIRES 30 DAYS FROM ISSUE DATE**

\$ \_\_\_\_\_  
(Actual Amount Purchased) (Signature, Purchaser) (Date)

\_\_\_\_\_  
(Signature, Store Representative) (Date)

\_\_\_\_\_  
(Signature, Agency Representative) (Date)

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**ATTACHMENT C**

**Emergency Food & Shelter Local Board Program  
FOOD VOUCHER – RESTAURANT**

[Dotted box for Agency Name & Address]

*(Agency Name & Address)*

[Dotted box for Restaurant Name & Address]

*(Restaurant Name & Address)*

**VOUCHER EXPIRES 30 DAYS FROM ISSUE DATE**

Date: \_\_\_\_\_ **\*\*NO CASH BACK\*\***

Voucher From: \_\_\_\_\_ To: \_\_\_\_\_

Please allow \_\_\_\_\_ to receive # \_\_\_\_/meals/person  
*(Adult Client Name)*

\$ \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_  
*(Total Amount of Voucher) (Total number of persons covered on voucher) (Total # of Meals)*

Name of Dependent(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*(Signature, of Adult Client) (Date)*

\_\_\_\_\_  
*(Signature, Agency Representative) (Date)*

\_\_\_\_\_  
*(Signature, Restaurant Representative) (Date)*

**Emergency Food & Shelter Local Board Program  
FOOD VOUCHER – RESTAURANT**

[Dotted box for Agency Name & Address]

*(Agency Name & Address)*

[Dotted box for Restaurant Name & Address]

*(Restaurant Name & Address)*

**VOUCHER EXPIRES 30 DAYS FROM ISSUE DATE**

Date: \_\_\_\_\_ **\*\*NO CASH BACK\*\***

Voucher From: \_\_\_\_\_ To: \_\_\_\_\_

Please allow \_\_\_\_\_ to receive # \_\_\_\_/meals/person  
*(Adult Client Name)*

\$ \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_  
*(Total Amount of Voucher) (Total number of persons covered on voucher) (Total # of Meals)*

Name of Dependent(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*(Signature, of Adult Client) (Date)*

\_\_\_\_\_  
*(Signature, Agency Representative) (Date)*

\_\_\_\_\_  
*(Signature, Restaurant Representative) (Date)*