

The documents in this booklet are
NONTRANSFERABLE

**U.S. DEPARTMENT
OF AGRICULTURE**
Food and
Nutrition Service

FOOD STAMP REDEMPTION CERTIFICATE

Instructions to the Retailer

(Refer to the sample document on the inside back cover.)

1. Enter the value of the food coupon deposit by denomination (i.e., \$1, \$5, and \$10).
2. Enter the total value of the deposit in "Firm's Total".
3. Read the certification statement.
4. The firm's authorized representative must print their name and date. In the space marked "Signature of Firm's Representative" sign and indicate title.

WARNING: By signing this form you are certifying that the owner and business location is currently authorized to accept and redeem food stamp benefits. **To prevent illegal use,** do not use this form if there has been a change of ownership, name of business, and/or operation of the firm. Use of this certificate by any individual or firm which is not currently authorized by FNS may result in substantial fines and administrative sanctions.

IMPORTANT NOTICE

YOU MUST REPORT ANY CHANGES IN OWNERSHIP OR LOCATION OF THIS FIRM TO FNS. IF YOU DO NOT, YOU MAY BE SUBJECT TO A MONETARY PENALTY OR REMOVED FROM THE FOOD STAMP PROGRAM.

PLEASE REPORT ANY CHANGES IN OWNERSHIP OR LOCATION TO THE FNS FIELD OFFICE AT AREA CODE (xxx) xxx-xxxx **UNLESS** YOU ARE A CHAIN STORE AND YOUR STORES ARE MANAGED THROUGH ONE FNS POINT OF CONTACT, THEN CHANGES IN OWNERSHIP OR LOCATION **MUST BE** REPORTED TO THE MANAGING FNS FIELD OFFICE.

THE DOCUMENTS IN THIS BOOKLET ARE NONTRANSFERABLE. IF THE FIRM IS SOLD, THESE REDEMPTION CERTIFICATES MAY NOT BE USED BY A NEW OWNER.

SBU

Electronic Form Version Designed in Adobe 7.1 Version

**FOOD STAMP REDEMPTION CERTIFICATE
NON-TRANSFERABLE**

DO NOT BORROW, LEND OR MAKE
DUPLICATES OF REDEMPTION CERTIFICATES
FORM APPROVED OMB NO. 0564-0085
FORM FNS-278B (11-01) USDA-FNS

Print Name of Firm's Representative	Date
Signature of Firm's Representative	Title

I certify that the firm's total is accurate, and the accompanying food coupons were accepted, and are being redeemed in accordance with Food Stamp Program regulations. I further certify that the firm's owner (or a representative), is CURRENTLY APPROVED by FNS to accept and redeem food coupons.

COUPONS	VALUE
\$ 1.00	\$
\$ 5.00	\$
\$ 10.00	\$
FIRM'S TOTAL	\$
BANK'S VERIFIED TOTAL	\$

BANK MUST CERTIFY ON REVERSE

Instructions to the Bank

1. Ensure that retailer completes all information.
2. Verify value of this food coupon deposit and enter in "Bank's Verified Total" block. If differs from firm's total, do not correct firm's total block.
3. Certify the food coupon deposit at right.
4. Per FRB, MICR encode correct amount on MICR line.
5. Write name and address of bank accepting this deposit in space at right.

Redemption Certificates must accompany food coupons for reconciliation by the Federal Reserve Bank.

TELLER'S SIGNATURE

DATE

BANK NAME AND ADDRESS

Place Bank or Teller Stamp Here

BANK CERTIFICATION

I certify that the amount shown in the bank's verified total is accurate and that coupons were accepted in accordance with the Food Stamp Program regulations.

**FOOD STAMP REDEMPTION CERTIFICATE
NON-TRANSFERABLE**

DO NOT BORROW, LEND OR MAKE
DUPLICATES OF REDEMPTION CERTIFICATES
FORM APPROVED OMB NO. 0564-0085
FORM FNS-278B (11-01) USDA-FNS

Print Name of Firm's Representative	Date
Signature of Firm's Representative	Title

I certify that the firm's total is accurate, and the accompanying food coupons were accepted, and are being redeemed in accordance with Food Stamp Program regulations. I further certify that the firm's owner (or a representative), is CURRENTLY APPROVED by FNS to accept and redeem food coupons.

COUPONS	VALUE
\$ 1.00	\$
\$ 5.00	\$
\$ 10.00	\$
FIRM'S TOTAL	\$
BANK'S VERIFIED TOTAL	\$

BANK MUST CERTIFY ON REVERSE

NOTE:

For information or ADDITIONAL SUPPLIES OF THE REDEMPTION CERTIFICATE, contact your FNS Field Office at the PHONE NUMBER included on the insert in front of this booklet.

**ESTIMATE OF BURDEN HOURS
FOOD STAMP REDEMPTION CERTIFICATE**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this formation collection is 0584-0085. The time required to complete this information collection is estimated to average .020 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**U.S. DEPARTMENT OF AGRICULTURE
FOOD AND NUTRITION SERVICE
PO BOX 135
MINNEAPOLIS, MINNESOTA 55440**

**FIRST-CLASS MAIL
POSTAGE & FEES PAID
FOOD & NUTRITION
SERVICE
Permit No. G-39**

**OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300**

Return Service Requested