

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

## ISSUANCE RECONCILIATION REPORT

NOTE: Report is due 90 days after end of report month.

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 information collection is 0584-0080. The time required to complete this collection is estimated to average 4 hours per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection.

1. NAME AND ADDRESS OF RECONCILIATION POINT  	2. TYPE OF REPORT <input type="checkbox"/> Initial Report <input type="checkbox"/> Final <input type="checkbox"/> Revision  <div style="text-align: center;">           MO                      YEAR            FOR <table style="display: inline-table; border: 1px solid black; text-align: center; width: 100px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> </div>							4. CONSOLIDATED RECONCILIATION REPORT  NUMBER OF PROJECT AREAS _____  NUMBER OF ISSUANCE POINTS _____
3. PROJECT CODE FOR RECONCILIATION POINT  <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"> </td> <td style="border: 1px solid black; width: 30px; height: 20px;"> </td> <td style="border: 1px solid black; width: 30px; height: 20px;"> </td> <td style="border: 1px solid black; width: 30px; height: 20px;"> </td> <td style="border: 1px solid black; width: 30px; height: 20px;"> </td> <td style="border: 1px solid black; width: 30px; height: 20px;"> </td> </tr> </table>								

5. SNAP Issuance Systems Used	<input type="checkbox"/> EBT ISSUANCE	<input type="checkbox"/> CASH ISSUANCE	<input type="checkbox"/> OTHER ISSUANCE
<b>FEDERAL OBLIGATIONS</b>			
6. Issuance this month			
7. Disaster SNAP issuance this month			
8. Returns during current month			
9. Net Issuance (Line 6 plus Line 7 minus Line 8)			
10. Value of authorized replacement(s) transacted			
<b>MASTER FILE RECONCILIATION</b>			
11. Issuance record not found on Master Iss. File			
12. Value of unauth. duplicate/replace. transacted			
13. All other Issuances not documented and reconciled by final report			
<b>TRANSACTION RECONCILIATION (Record-for-issuance)</b>			
14. Altered/counterfeit auth. docs. transacted			
15. Lost/stolen blank auth. docs. transacted			
16. Out-of-State auth. doc. or card transacted			
17. Auth. doc. with no photo-ID no. transacted			
18. Unsigned/unstamped auth. doc. transacted			
19. Other invalid issuance			
<b>OTHER ISSUANCE LIABILITIES</b>			
20. Unauthorized Issuance after FNS directive			
21. Unauthorized Issuance in court order/settlement			
<b>TOTALS</b>			
22. Total overissuance (Add lines 11 through 21)			
23. Total valid issuance (Line 9 minus Line 22)			

24. REMARKS (\* Specify and/or describe)

I CERTIFY that this report was compiled in accordance with the procedures set forth in the SNAP Regulations. I further certify that this report is true and correct and I understand that I make these certifications under penalty of law.

25. DATE	26. SIGNATURE	27. TITLE
----------	---------------	-----------

## INSTRUCTIONS (Form FNS-46)

General: Form FNS-46, Issuance Reconciliation Report is used to account for benefits issued during a report month. This report shall be completed at each issuance reconciliation point. For each type of issuance system, there should be 1) a Master Issuance File having a composite of all certified households; 2) a Record-for-issuance File (generated from the Master Issuance File) containing all authorized issuances to be made for the report month; and 3) a procedure for posting issuances made to a Record -for-issuance File to the Master Issuance File. For lines 10-21 below, the phrase, "Enter total value of all..." applies. The number of occurrences may be added in parentheses after the description on each line, if so desired.

1. Show the complete name and address of the reconciliation point where this report is prepared.
2. Indicate the month and year for which the report is being prepared, and whether the report being submitted is the initial, final, or a revision.
3. Enter the project code for the reconciliation point.
4. Indicate the number of project areas and issuance points involved.
5. Check the column(s) which describes your SNAP issuance system(s) used and in which you will report your losses. If this is a consolidated report, losses may be reported under more than one type of issuance system. Do not enter amounts in shaded blocks.

**AUTHORIZATION DOCUMENT** - Any system using an authorization document which has to be signed by the household, and which has to be reconciled.

**DIRECT ACCESS** - Any system in which an issuance agent is able to access the Master Issuance File (or the Record-for-issuance File) directly, either through a terminal, or manually, as in a Household Issuance Record (HIR) system.

**DIRECT MAIL** - A system in which benefits are mailed directly to participating households.

**OTHER** - For reporting reconciliation in SSI cash-out areas; on-line and off-line electronic benefits transfer (EBT) systems (Federally-approved demonstrations, state-operated pilots, and permanent); any new issuance system developed under a welfare reform initiative; and, any system in use and not described above, including systems which may use a form of benefits other than coupons. Specify and/or describe any other issuance systems used. More than one "other" system should be reported on a separate FNS-46.

6. Coupons (benefits) issued this month, to include all new Federal obligations from initial, supplemental, restored and replacement benefits and obligations resulting from exchanges of coupons for any reason, regardless of whether or not any portion of this total was improperly issued.

8. Coupons (benefits) returned for any reason, to include coupons for which an exchange was made, coupons which were unclaimed or undeliverable, and mutilated or improperly manufactured coupons. This total includes coupons officially destroyed, as well as those returned to inventory, and represents coupons which are no longer Federal obligations.

9. Net issuance, determined by subtracting benefits returned from total issuance.

10. When both an original and an authorized replacement issuance have been issued/transacted, show **only** the value of the replacement(s).

11. Benefits issued with no documentation (household record) on the Master File.

12. When both an original and an unauthorized replacement or duplicate issuance have been issued/transacted, show **only** the value of the replacements.

13. All issuances which have not been documented and reconciled by submission of the month's final report.

14. Altered and counterfeit authorization documents which are transacted, to include ATPs, electronic benefit transfer cards, authorization register, which are reconciled, etc.

15. Benefits issued through transacted authorization documents which have been lost or accidentally destroyed before reconciliation, and the value of all stolen blank authorization documents which are transacted.

16. Benefits issued from authorization documents or electronic cards not issued in this State.

18. Benefits issued from authorization documents in photo-ID required area, for which there were no photo-ID serial number annotations, and for which the authorization documents were found to be not valid.

19. Benefits issued from authorization documents which were not signed by the household, or date-stamped by the issuance agent, and which were found to be not valid.

20. The value of all other invalid issuances.

21. Benefits erroneously issued during the effective period of an order to reduce, suspend or cancel allotments (7 CFR 271.7)

22. Coupons issued as the result of a court order or settlement agreement **not** reported to FNS.

23. Benefits, if any, which were overissued (total Lines 11-21).

24. Enter the amount representing net issuance minus over-issuance (Line 9 minus line 22).

25. If any entries above require an explanation please enter the information here.

26. Enter the date this form is signed.

27. Signature of individual authorized to account for the issuance of benefits.

28. Show the full title of the individual signing in Line 26.