

_____ County Disaster Food and Nutrition Services
Disaster Electronic Benefit Transfer Card Destruction

County Name: _____

Address: _____

Number of Boxes of Opened Disaster Cards Destroyed: _____

Job #: _____ Liner #: _____

Sequence #: _____ to _____

Job #: _____ Liner #: _____

Sequence #: _____ to _____

Job #: _____ Liner #: _____

Sequence #: _____ to _____

Job #: _____ Liner #: _____

Sequence #: _____ to _____

Method of Destruction of Cards: _____

Date Cards Destroyed: _____

I, _____, certify that the above Disaster EBT Cards were destroyed by the _____ Department of Social Services.

Signature: _____ Date: _____

Title: _____

County Directors Signature: _____ Date: _____

FOR STATE OFFICE USE

State Staff Receiving Notice: _____

Date Received: _____

Date Submitted to NC FAST for Deletion of Cards from Inventory:

Original – State Office – Copy – County DSS