Daily EBT Card Log   Date: _____   Page: _____

Form of ID Verification	Destroyed YES/NO	Destroyed Reason *	Case/Record		Client Name	Exception YES/NO	Exception Reason **	Name of Card Maker
			PAN #		Authorized Representative			ED or Designee Signature (if exception)

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* Destroyed Reason Codes: **D** = Damaged   **C** = Created in Error   **O** = Other
** Exception Reason Codes: **L** = Lost   **S** = Stolen