

**IMMEDIATE NEEDS TRANSPORTATION PROGRAM
RETURNED COUPONS
(Submitted by distributing agency)**

DATE

AGENCY NAME

AGENCY NAME/ABBREVIATION

AGENCY ADDRESS

QUANTITY OF COUPONS RETURNED

COUPON SERIAL NUMBERS

REASONS FOR RETURN

RETURNED BY:

NAME:

TITLE:

**RECEIVED BY FAME/IILA
ACCOUNTING DEPT.**

NAME:

TITLE:

COUPONS DISPOSITION:

DESTROYED (DATE):

RETURNED TO INVENTORY:
