



# DAILY CARD ISSUANCE LOG

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM  
 SFN 321 (8-2024)

Date	HSZ/County Office	HSZ/County Number	Beginning Card Number Issued	Final Card Number Issued	Page of
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	CASE NAME	CASE NUMBER	CARD NUMBER	DATE OF CARD REPLACEMENT REQUEST	✓ IF CARD MAILED	CLIENT/AUTHORIZED REPRESENTATIVE SIGNATURE	WORKER INITIALS
1					<input type="checkbox"/>		
2					<input type="checkbox"/>		
3					<input type="checkbox"/>		
4					<input type="checkbox"/>		
5					<input type="checkbox"/>		
6					<input type="checkbox"/>		
7					<input type="checkbox"/>		
8					<input type="checkbox"/>		
9					<input type="checkbox"/>		
10					<input type="checkbox"/>		
11					<input type="checkbox"/>		
12					<input type="checkbox"/>		
13					<input type="checkbox"/>		
14					<input type="checkbox"/>		
15					<input type="checkbox"/>		
Beginning Inventory		Total New Cards Issued	Total Replaced Cards Issued	Total Cards Issued		Ending Inventory	