GEORGIA DEPARTMENT OF HUMAN RESOURCES ELECTRONIC BENEFITS TRANSFER CONTROL LOG – <u>COUNTY OFFICE</u> PINS

DATE CARD RECEIVED	CARD NAME	CARD NUMBER	RECEIVED BY: SIGNATURE	DATE DISPOSITIONED		DISPOSITIONED BY: SIGNATURE	RECIPIENT SIGNATURE FOR PICKUP
IN COUNTY				Picked Up	Destroyed		

Form EBT 3 (Rev. 04/04)