WIC Check Reimbursement Instructions

On the next page is the Check Reimbursement Cover Sheet. Please make copies of the form to use in the future. The forms are also available online at *www.mdwic.org*.

Complete the form by supplying the following information:

- ✓ Store Name - Your complete store name including store number if applicable.
- ✓ Address - The complete street address of your store.
- ✓ City/State/Zip - The complete city, state and zip code of your store.
- ✓ Contact person - The person WIC should contact if a question arises.
- ✓ Contact phone number - The phone number (including area code) of the contact person.
- ✓ Signature - The person submitting the WIC checks signs here.
- ✓ WIC ID# - Write or stamp your WIC identification number here. This is the same number you stamp onto the checks you have redeemed.
- ✓ Date - The date you are submitting the WIC checks.
- ✓ Total the number of checks you are submitting for which you are requesting reimbursement. Do not include checks you are sending for which you are not requesting reimbursement.

Mail the form to:

Maryland WIC Program
201 W. Preston Street, 1st Floor
Baltimore, MD 21201
Attn: Sharon Gibbs

Checks submitted without the required forms will be returned to the vendor.
If this occurs, you are still required to resubmit them with the appropriate forms within 45 days from the last date to spend.