Maryland WIC Program
Check Reimbursement Cover Sheet

TO: Maryland WIC Program
201 W. Preston Street, 1st floor
Baltimore, MD 21201

DATE: _____

FROM: _____ _____
Store Name WIC Vendor ID #

_____ _____
Contact Person Name (Printed) Contact Person Phone Number

Checks that <u>have not been deposited and rejected by the bank</u> will be returned to vendor.

Some checks rejected by the bank may be submitted to the State WIC Office for review. Please refer to the rejected reasons listed below to determine if your checks can be submitted for review.

<u>Checks with the following rejected reasons may be sent to the State WIC Office for review:</u>

Rejected Reason:	**Before submitting to State WIC, the vendor must:**
Deposited Past 30 Days from Last Date to Spend	Submit to State WIC Within 45 Days of Last Date to Spend
Exceeds Maximum Value*	Attach Form 4295-B (Request for Payment for Check Exceeding Max)
Illegible Vendor Stamp	Re-Stamp Checks with Vendor Stamp
Missing Signature	Obtain Signature of Participant/Proxy by calling the local WIC office
Missing Vendor Stamp	Stamp Checks with Vendor Stamp
Payment Amount Altered Incorrectly	
Payment Amount is Missing	Enter Payment Amount
Price Correction Signature Missing/Mismatched	Obtain Signature of Participant/Proxy by calling the local WIC office

* Fruits and Vegetables checks may be submitted without attaching Form 4295-B. The State WIC Office will pay the dollar amount printed on the check – such as $6.00, $10.00, or $15.00

<u>WIC WILL NOT PAYchecks with the following rejected reasons:</u>

- Altered Item
- Previously Paid
- Unauthorized Vendor
- Used Before 1st Date to Spend
- Used After Last Date to Spend
- Checks that have not been deposited in the bank

Enter the total # of checks submitted <u>for all of your stores</u> for reimbursement: _____
(Required)

If you have any questions, please contact **Ms. Sharon Gibbs** at 410-767-5241.

DHMH 4295-A (1/11)