

WIC Check Reimbursement Instructions

On the next page is the Check Reimbursement Form. 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 accepted.
- ✓ Date - The date you are submitting the WIC checks.
- ✓ Total number of checks for which reimbursement is requested - Total 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.



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 have not been deposited and rejected by the bank 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.

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

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

WIC WILL NOT PAY checks with the following rejected reasons:

- 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 for all of your stores for reimbursement: _____
(Required)

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



Maryland WIC Program Request for Reimbursement Check Exceeding Maximum Amount

To: Maryland WIC Program

Date: _____

FROM: _____ & _____ & _____
 NAME STORE NAME VENDOR ID#

CHECK # _____ REQUESTED AMOUNT \$ _____

PLEASE ENTER THE INFORMATION BELOW FOR ITEMS THAT HAVE BEEN PURCHASED.

ITEM:	SIZE:	QTY:	PRICE:
DRY AND CANNED BEANS	_____	_____	\$ _____
WIC CEREAL	_____ OZ OR LESS	_____	\$ _____
INFANT FRUIT & VEGETABLES	4 OZ	_____	\$ _____
INFANT MEATS	2.5 OZ	_____	\$ _____
KOSHER INFANT MEATS	2.5 OZ	_____	\$ _____
GERBER INFANT CEREAL	8 OZ.	_____	\$ _____

STAPLE CHECK HERE

THIS CHECK IS VOID WITHOUT A BLUE & RED BACKGROUND AND AN ANTI-FACSIMILE WATERMARK ON THE BACK. HOLD AT ANGLE TO VIEW.																								
EGGS	1 DOZEN				\$ _____																			
<table border="1" style="width: 100%; font-size: x-small;"> <tr> <td style="width: 15%;">AGENCY</td> <td style="width: 15%;">PARTICIPANT ID NO.</td> <td colspan="2" style="width: 40%;">NAME OF PARTICIPANT (LAST, FIRST, MI)</td> <td style="width: 25%;">CHECK NUMBER</td> </tr> <tr> <td>010101</td> <td>200 411 280</td> <td colspan="2">DOE, JOHN M.</td> <td>44649224</td> </tr> <tr> <td colspan="2">FIRST DATE OF PURCHASE</td> <td>DATE RECEIVED</td> <td>CASH DATE RECEIVED</td> <td></td> </tr> <tr> <td colspan="2">January 26, 2010</td> <td></td> <td>February 11, 2010</td> <td></td> </tr> </table>		AGENCY	PARTICIPANT ID NO.	NAME OF PARTICIPANT (LAST, FIRST, MI)		CHECK NUMBER	010101	200 411 280	DOE, JOHN M.		44649224	FIRST DATE OF PURCHASE		DATE RECEIVED	CASH DATE RECEIVED		January 26, 2010			February 11, 2010				CASHED/BILLED IN EXACT AMOUNT RECEIVED
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FIRST DATE OF PURCHASE		DATE RECEIVED	CASH DATE RECEIVED																					
January 26, 2010			February 11, 2010																					
CHEESE	DOMESTIC KOSHER	_____ OZ OR LESS	_____ OZ OR LESS		\$ _____																			
TO BE USED FOR THESE ITEMS & QUANTITIES ONLY PARTICIPANT OR PROXY SIGN FOR PRICE CORRECTION ONLY																								
JUICE	(x) dollars for Fruits and Vegetables				\$ 5.89																			
MILK	EVAPORATED FLUID	12 OZ. CAN			\$ _____																			
	KOSHER LACTOSE REDUCED UHT				\$ _____																			

PEANUT BUTTER	_____ OZ OR LESS	_____	\$ _____
100% WHOLE WHEAT BREAD			
BROWN RICE SOFT CORN/WHOLE WHEAT TORTILLAS			\$ _____
TUNA, SALMON, OR SARDINES			\$ _____
FORMULA (ENTER TYPE, SIZE, QUANTITY, AMOUNT)			\$ _____

GRAND TOTAL \$ _____

Do not submit this form for Fruit and Vegetable checks rejected for "Over Max \$ Amount"