Maryland WIC Program
Request for Reimbursement
Check Exceeding Maximum Amount

To: Maryland WIC Program **Date:** _____

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

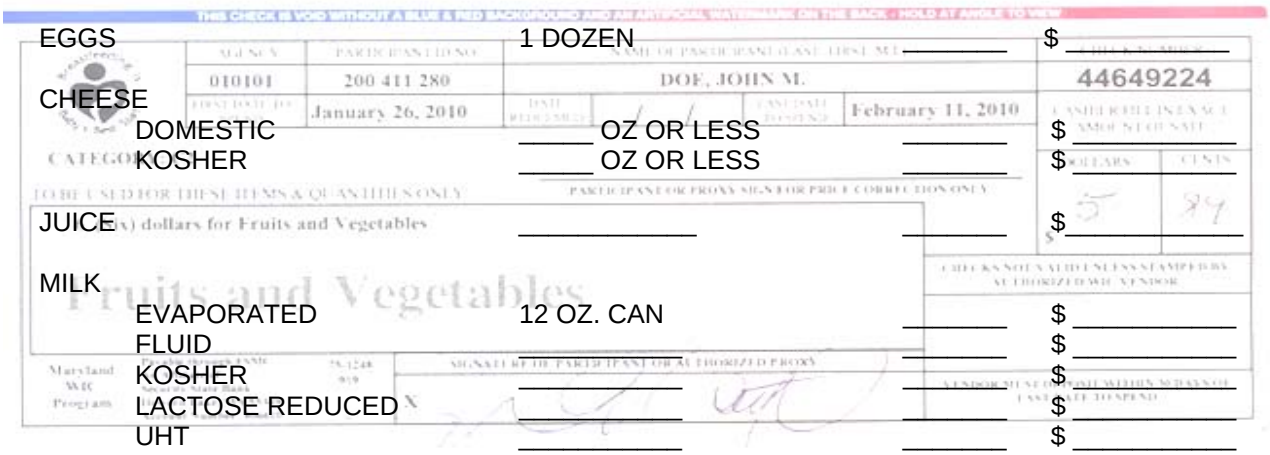
CHECK # _____ **REQUESTED AMOUNT $**_____

PLEASE ENTER THE INFORMATION BELOW <u>FOR ITEMS THAT HAVE BEEN PURCHASED</u>.

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.	_____	$ _____
EGGS	1 DOZEN	_____	$ _____
CHEESE			
DOMESTIC	_____ OZ OR LESS	_____	$ _____
KOSHER	_____ OZ OR LESS	_____	$ _____
JUICE	_____	_____	$ _____
MILK			
EVAPORATED	12 OZ. CAN	_____	$ _____
FLUID	_____	_____	$ _____
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"

DHMH 4295-B (1/11)

STAPLE CHECK HERE