

NEW YORK STATE WIC PROGRAM ELECTRONIC REIMBURSEMENT REQUEST

Dear Processor:

The enclosed WIC checks(s) cannot be processed through the WIC banking system due to an altered "Pay Exactly" amount and I am requesting reimbursement. I am providing the following information, as requested (please print):

Date of Request		Vendor #	
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Store Trade Name			
Store Physical Address	street		
city	state	zip	

Request made by	Print name	Phone #
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Check Number	Amount	Altered "Pay Exactly" Amount Only

Total Number of Checks Submitted for Reimbursement	
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Comments			

Mail request for payment and all checks to the address below - Do not tape or staple checks to request.

**WIC Program Check Reimbursement
PO Box 22074
Albany, NY 12201-2074**

Sincerely,

Signature: _____

Enclosure(s)