

**DEPARTMENT OF HEALTH AND HOSPITALS - OFFICE OF PUBLIC HEALTH
WIC FOOD INSTRUMENT/CASH VALUE VOUCHER REIMBURSEMENT FORM**

Bank rejected Food Instruments/CVVs stamped (D-11) "Early Cashing" or (E-10) "Stale Date" or (G-22 "Missing Signature" and/or Food Instruments/CVVs accepted outside the valid period will NOT be reimbursed. Please do not submit vouchers for reimbursement.

Completing this form:

- Step 1: Staple original Food Instruments/CVVs, face up on a blank 8.5" x 11" sheet(s) in the same order as listed below.
- Step 2: Complete all items in the "TO BE COMPLETED BY VENDOR" sections. Maximum of eight Food Instruments/CVVs per form.
- Step 3: Make a copy of the completed form, including Food Instruments & CVVs, for your records.
- Step 4: Submit claim to DHH-OPH-Nutrition Services, P.O. Box 60630, New Orleans, LA 70160.

Please allow 07-08 weeks before inquiring about the status of your claim. Upon request, additional training will be made available to vendors.

TO BE COMPLETED BY VENDOR:

1) _____ 2) _____
Federal ID # or SS # (as listed on W-9 form) WIC VENDOR #

3) _____ 4) _____
Store Name Store #

5) _____ 7) LA _____ 8) _____
Mailing Address (as listed on W-9 form) City State Zip Code

9) _____ 10) _____ 11) _____ 12) _____
Completed by (please PRINT) Phone # Fax # or Email Address Date Submitted

TO BE COMPLETED BY VENDOR				TO BE COMPLETED BY NUTRITION SERVICES		
WIC FOOD INSTRUMENT/ CVV NUMBER	VALID MONTH/YR	*REASON REJECTED	EXPECTED AMOUNT	ORIG NUMBER	SITE NUMBER	APPROVED AMOUNT
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
				TOTAL REIMBURSEMENT \$		
				PV #		
				APPROVED BY		

FISCAL OFFICE: VENDOR NAME & ADDRESS MUST BE TYPED ON CHECK

***Reasons for Rejection:**

- B-43 = Unreasonable Dollar/Void
- F-01 = Missing Vendor #
- J-31 = Altered/Void
- Q-39 = Under Minimum/Void
- D-11 = Early Cashing/Void
- G-22 = Missing Signature/Void
- K-03 = Unreadable Vendor
- M-50 = 2nd Pres/Void Do Not Redeposit
- E-10 = Stale Date/Void
- H-08 = Invalid Vendor Number