

**West Virginia Department of Health and Human Resources
WIC VENDOR REQUEST FOR REIMBURSEMENT**

STORE NAME: _____ WIC VENDOR # OR STAMP: _____

ADDRESS: _____ DATE: _____

CITY: _____ ZIP: _____ PHONE#: _____

DRAFT NUMBER(S): Vendors may use one request form for several drafts if the problem indicated by the rejection code is the SAME. The draft number is the red seven digit number located above the food message. Enter draft number(s) and amount requested below:

_____ \$ _____	_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____	_____ \$ _____

IMPORTANT REMINDERS:

Do not submit drafts which have been correctly rejected for either a “stale date” or an “early redemption” error. The draft cannot be reimbursed.

Do not submit a draft which has exceeded the seventy (70) day time limit from the “first date to spend” date on the draft. The draft cannot be reimbursed.

Do not submit a draft that was rejected for a missing or unreadable vendor stamp problem. Simply stamp draft clearly and redeposit. **CAUTION:** Should the draft be beyond the sixty (60) day time limit for redeposit, the seventy (70) day time limit for submission to the State Office is **STILL** in effect.

Do not submit a draft that was rejected for “exceeds current price edit” without reducing the price to the actual shelf price. If the actual shelf price is over the State’s current edit, you **MUST** submit sufficient justification for reimbursement consideration.

Do not submit a draft that has been rejected (or would have been rejected) through the banking system as either “price changed incorrectly” or “missing signature” if you have used your “one time courtesy payment” during the current agreement period.

EXPLANATION OF HOW PROBLEM OCCURRED: (CONTINUE ON BACK IF NECESSARY)

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The State WIC Office reserves the right to reduce the amount or deny payment on any draft that is found to have questionable or unsatisfactory explanation.

PLEASE OUTLINE CORRECTIVE ACTION TAKEN TO ELIMINATE PROBLEM: (CONTINUE ON BACK IF NECESSARY)

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Signature: _____ Title: _____

Attach the Original Draft(s) or Image Replacement Document to this form and mail the request to:

WEST VIRGINIA WIC PROGRAM
350 Capitol Street, Room 519
Charleston, WV 25301-3717
Attn: Vendor Unit

If there has been a change in your banking information, be sure to also submit the form “Authorization Agreement for Direct Deposit” along with this request.

Refer to the Vendor Handbook for additional information regarding reimbursement procedures.

WIC USE ONLY

Coded

Verified

Authorized