

PARTICIPANT #	LAST NAME	FIRST NAME	AGENCY #	PHONE #
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**MISSOURI DEPARTMENT OF HEALTH  
AND SENIOR SERVICES  
WIC PROGRAM**

②

SECURITY STATE BANK  
HOWARD LAKE, MN 55349

75-1248  
919

DOLLARS	CENTS

MAXIMUM PURCHASE PRICE  
MUST NOT EXCEED

FIRST DATE TO USE	
DATE USED	
LAST DATE TO USE	

PAY TO  
THE  
ORDER OF

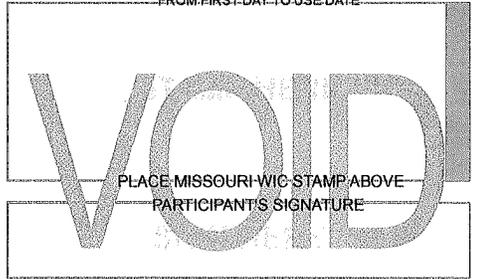
ANY AUTHORIZED MISSOURI WIC VENDOR ONLY ③

VALID ONLY FOR THE PURCHASE OF: ALLOW ALL FOOD LISTED BELOW:

PAY EXACTLY

QTY	DESCRIPTION

VENDOR MUST DEPOSIT WITHIN 60 DAYS  
FROM FIRST DAY TO USE DATE



MICR line ①