

# MISSOURI WIC PROGRAM

## Preparing WIC Checks For Deposit

If there are **two or more** checks being used at the same time, separate receipts must be generated for each check.

**1. REVIEW THE WIC CHECK FOR COMPLETENESS:**

- a. Is there a DATE USED written on the check?
- b. Is there a TOTAL SALES AMOUNT written on the check?
- c. Is there a PARTICIPANT'S SIGNATURE on the check?

*If no, refer to Section 4.2 in the WIC Vendor Manual.*

**2. REVIEW THE DATE USED:**

- a. Is the DATE USED within the FIRST and LAST DATES TO USE?
- b. Is the DATE USED written legibly?
- c. Does the DATE USED match the date on the receipt?

*If no, refer to Section 4 of the WIC Vendor Manual.*


**3. REVIEW THE TOTAL SALES AMOUNT:**

- a. Is the TOTAL SALES AMOUNT less than or equal to the MAXIMUM PURCHASE PRICE MUST NOT EXCEED AMOUNT?
- b. Are the foods listed on the receipt WIC approved types, brands and sizes?
- c. Are the quantities less than or equal to what is printed on the check?

*If no, refer to Section 4.2 in the WIC Vendor Manual.*

**4. STAMP THE FOUR (4) DIGIT VENDOR ID STAMP NUMBER ON THE WIC CHECK:**

- a. Use **BLACK INK** only when stamping the vendor ID number on the check.
- b. Is the ID number legible? If no, inspect the stamp to see if it needs to be cleaned or replaced. Does the stamp need to be re-inked? If no, re-stamp the ID number in the Food Section.

PARTICIPANT # 01234567	LAST NAME DOE	FIRST NAME JANE	AGENCY # 30399	PHONE # 573-642-6881	25225210
 <b>MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES WIC PROGRAM</b>		SECURITY STATE BANK HOWARD LAKE, MN 55349	DOLLARS    CENTS	FIRST DATE TO USE 8/27/2012	DATE USED
		75-1248 919	PAY EXACTLY	MAXIMUM PURCHASE PRICE MUST NOT EXCEED	LAST DATE TO USE 9/26/2012
PAY TO THE ORDER OF ANY AUTHORIZED MISSOURI WIC VENDOR ONLY VALID ONLY FOR THE PURCHASE OF/ALLOW ALL FOOD LISTED BELOW:		15.84		VENDOR MUST DEPOSIT WITHIN 60 DAYS FROM FIRST DAY TO USE DATE	
QTY	DESCRIPTION				
1	GALLONS MILK: SKIM THRU 2% (WHITE)				
1	DOZEN EGGS – LARGE, WHITE				
1	1 LB DRY BEANS OR 18 OZ PEANUT BUTTER OR 4 – 16 OZ CAN BEANS				
1	46 FL OZ CAN OR 11.5 – 12.0 OZ FROZEN JUICE APPROVED TYPES				
XXX END OF ORDER XXX					
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <div style="font-size: 2em; font-weight: bold; color: blue; text-align: center;">VOID</div> <div style="font-size: 0.8em; text-align: center; margin-top: 5px;">           PLACE MISSOURI WIC STAMP ABOVE            PARTICIPANT'S SIGNATURE         </div> </div>					

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES, WIC and Nutrition Services

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