Check Reimbursement Cover Sheet

TO: Maryland WIC Program
    201 W. Preston Street, 1st floor
    Baltimore, MD 21201

DATE: _______________________

FROM: 

Store Name: ________________________________ WIC Vendor ID #: ________________________________

Contact Person Name (Printed): ________________________________ Contact Person Phone Number: ________________________________

Contact Person Signature: ________________________________

Checks that have not been deposited and rejected by the bank will be returned to vendor.

Some checks rejected by the bank may be submitted to the State WIC Office for review. Please refer to the rejected reasons listed below to determine if your checks can be submitted for review.

Checks with the following rejected reasons may be sent to the State WIC Office for review:

<table>
<thead>
<tr>
<th>Rejected Reason</th>
<th>Before submitting to State WIC, the vendor must:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceeds Maximum Value*</td>
<td>Attach one completed Form 4295-B (Request for Payment for Check Exceeding Max) per check</td>
</tr>
<tr>
<td>Illegible Vendor Stamp</td>
<td>Re-Stamp Checks with Vendor Stamp</td>
</tr>
<tr>
<td>Missing Signature</td>
<td>Obtain Signature of Participant/Proxy by calling the local WIC office</td>
</tr>
<tr>
<td>Missing Vendor Stamp</td>
<td>Stamp Checks with Vendor Stamp</td>
</tr>
<tr>
<td>Payment Amount is Missing</td>
<td>Enter Payment Amount</td>
</tr>
<tr>
<td>Price Correction Signature Missing/Mismatched</td>
<td>Obtain Signature of Participant/Proxy by calling the local WIC office</td>
</tr>
</tbody>
</table>

* Fruits and Vegetables checks may be submitted without attaching Form 4295-B. The State WIC Office will pay the dollar amount printed on the check – such as $8.00, $10.00, or $15.00

WIC WILL NOT PAY checks with the following rejected reasons:

- Altered Item
- Previously Paid
- Unauthorized Vendor
- Payment Amount Altered Incorrectly
- Used Before 1st Date to Spend
- Used After Last Date to Spend
- Checks that have not been deposited in the bank
- Deposited Past 30 Days from Last Date to Spend

Enter the total # of checks submitted for all of your stores for reimbursement: _________________ (Required)

If you have any questions, please contact Ms. Sharon Gibbs at 410-767-5241.