

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

Bank rejected Food Instruments/CVV's stamped **(D-11) "Early Cashing"** or **(E-10) "Stale Date"** and/or Food Instruments/CVV's accepted outside the valid period will NOT be reimbursed.

**Completing this form:**

- Step 1: Staple original Food Instruments/CVV's, 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/CVV's per form.
- Step 3: Make a copy of the completed form, including Food Instruments & CVV's, 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) \_\_\_\_\_ 6) \_\_\_\_\_ 7) \_\_\_\_\_ 8) \_\_\_\_\_  
Mailing Address (as listed on W-9 form) City State Zip Code

9) \_\_\_\_\_ 10) \_\_\_\_\_ 11) \_\_\_\_\_ 12) \_\_\_\_\_  
Completed by (please PRINT) Phone # Fax # 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                          |                           |
| E-10 = Stale Date/Void          | H-08 = Invalid Vendor Number  | M-50 = 2 <sup>nd</sup> Pres/Void Do Not Redeposit |                           |